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ABSTRACT

This guide is a comprehensive resource to teach about acquired immune deficiency syndrome and other sexually transmitted diseases (STDs) from kindergarten to college. It uses an activity-oriented behavioral approach to teaching prevention strategies within a communicable disease conceptual framework which is easily implemented into all schools. The goal of the guide is to provide methods and materials to help educators assist students gain the knowledge and skills needed for realistic decision making regarding STDs while emphasizing drug use prevention. The guide stresses behavioral skills such as assertiveness, and stress management to help students gain self-esteem and self-control to avoid risk taking behaviors. (JD)

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ED313379

Educator's Guide to AIDS and other STD's

SP 031 817

Stephen R. Sroka

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Acknowledgments

The **Educator's Guide to AIDS and other STD's,** is a response to health officials who urge educators to teach about AIDS and other STD's and drugs, and the U.S. Public Health Service's STD Education Objective which states "by 1990, every junior and senior high school student in the U.S. should receive accurate, timely information about STD's."

Educator's Guide to AIDS and other STD's was written by Stephen R. Sroka, Ph.D., an urban intermediate public school health educator and Adjunct Associate Professor of Health Education at Cleveland State University. He is a consultant to departments of health and departments of education throughout the country, and he has trained over 20,000 educators who teach over 6,000,000 students. Dr. Sroka has made numerous professional presentations nationally and internationally about AIDS/STD education and was invited to testify before the Presidential Commission on the HIV Epidemic.

The **Guide's** AIDS medical consultants were Leonard H. Calabrese, D.O., F.A.C.P., Department of Rheumatic and Immunologic Disease and Immunopathology; Head, Section on Clinical Immunology; and Chairperson, AIDS Task Force, The Cleveland Clinic Foundation, Michael M. Lederman, M.D., Assistant Professor of Medicine, Case Western Reserve University, School of Medicine, and Victoria A. Cargill, M.D., Assistant Professor of Medicine, Case Western Reserve University, School of Medicine, and Chairperson Task Force on AIDS and Blacks, AIDS Commission of Greater Cleveland.

The author would like to especially acknowledge the insightful and helpful editorial contributions of Robert N. Kohmescher, Education Specialist, Division of Sexually Transmitted Disease, Centers for Disease Control, Atlanta, Georgia.

The **Educator's Guide to AIDS and other STD's** and the **AIDS/STD PLAN,** an innovative, proven effective and cost efficient program which can be personalized to your area to implement AIDS and STD education in schools, are being utilized throughout the U.S.A.

Additional information and comments may be directed to:

Stephen R. Sroka, Ph.D., Inc.
Health Education Consultants
1284 Manor Park
Lakewood, Ohio 44107
(216) 521-1766

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Data Form — from Educator Receiving Guide

Date _____

Attending Workshop? Yes _____ No _____

Name _____ Position _____

School System _____

School Name _____

School Address _____

_____

City State Zip

School Phone ( ) _____

Home Phone ( ) _____

Please circle or fill in:

If AIDS education is different than other STD's, please note.

Grade level(s) STD education is taught in your school:

1 2 3 4 5 6 7 8 9 10 11 12 college

Average number of class sessions spent on STD education:

1 2 3 4 5 6 7 8 9 10 ____

About how many students receive STD education in your school each year? _____

In what class do you teach STD education? _____

In what subject area do you teach STD education? _____

Tips for Previewing the Guide

1. Look behind the 6 tabs to examine the 6 units.
2. Read the "How to Use This Guide" page.
3. Help us to help others — don't forget to return the Teacher Evaluation Form after using the **Guide** in your classroom.

Any comments or concerns about STD Education?

_____

_____

_____

_____

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Features of the Guide

UNIT	FEATURES
1. WHY TEACH STD'S?	— legal, statistical, educational and human reasons
2. HOW TO USE THIS GUIDE	— **Goal:** to provide methods and materials to help teachers help students gain the knowledge and skills needed for realistic decision-making regarding STD's while emphasizing drug use prevention — **Teachable:** — developed by students, teachers, parents, disease intervention specialists, medical experts, and persons with AIDS — activity oriented with ready-to-use-tomorrow reproduction masters, Student Activity Sheets and Teacher Keys with memory helping acronyms — requires minimal teacher preparation time while maintaining quality education — assures maximum teacher comfort with the subject of STD's by offering desirable options from various methods and materials for STD education including teaching STD's as communicable diseases — respects the teacher as the person who best knows what and how to teach his or her students in his or her school and community — **Adaptable:** — 3-ring notebook format allows you to add, take out or rearrange what is most appropriate for your students, and facilitates easy updating — **Flexible:** — a complete or supplemental STD curriculum — **4 Objectives:** — to describe the communicable disease chain of infection concept — to identify basic STD information and attitudes needed to break the chain of infection — to plan actions for persons with STD's — to analyze and practice strategies to prevent STD's and drug use
3. BASIC INFORMATION	— STD's presented within a framework of a chain of infection and like all communicable diseases, they need prompt diagnosis, treatment and they may be prevented — Anatomical charts of the possible sites of STD infections — Accurate and pertinent up-to-date information on selected STD's presented in a concise, and easily taught format — Description of an STD clinic visit — Action Plans for persons with STD's — STD Prevention Strategies - including "**Saying NO Skills**" (No Sex! No Drugs!)
4. ACTIVITIES	— Student Activity Worksheets which examine STD knowledge, attitudes and behavioral intentions (correspond to Teacher Keys in Basic Information) — Some activities encourage creativity and language development skills
5. EVALUATION	— A Pre-Post fill-in student questionnaire evaluating STD knowledge, attitudes and behavioral intentions — A Teacher Evaluation Form to be completed and returned after teaching the **Guide** in the classroom
6. AIDS MATERIALS	— If your teaching situation requires more information on AIDS than is in the BASIC INFORMATION, U.S. Public Health Service AIDS materials and additional AIDS activities are included here as well as "AIDS Guidelines for Schools"

Your local STD resource: *

Clinic Name _____

Address _____

_____

City State Zip

Phone: _____ Contact Person: _____

Hours: _____

* This information may need to be added to the activities entitled **STD — Help Resources**, **Sample Script for an STD AV Program**, and **Being an STD Teacher**.

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Preface

NOTE: Teachers please preview all materials before classroom use to ensure education that is locally determined, consistent with community values and appropriate to community needs.

The **Educator's Guide to AIDS and other STD's** has been written to be as sensitive as possible to the concerns of different teaching situations.

The **Guide** presents AIDS and other STD's as communicable diseases within a chain of infection disease concept. It emphasizes that AIDS and other STD's are like all other communicable diseases; they follow a chain of infection, need prompt medical care, and can be prevented. This rational conceptual approach helps the educator teach and allay fears because it clarifies and desensationalizes the STD, and especially AIDS, issues.

Abstinence (saying, "NO!" to sex and drugs) is presented as the most effective way to prevent AIDS and other STD's. Responsible sexual behavior and drug use prevention are also strongly emphasized.

Student Activities do not contain any controversial or explicit language. The Teacher Keys contain detailed and explicit information, but the educator decides what is appropriate to teach his or her students in his or her school and community.

Parental consent and involvement is encouraged. Parents and guardians of each pupil may be provided with a written notice explaining the purpose of the AIDS and other STD's instruction. This notice may specify that any parent or guardian may request that his or her child not receive the instruction. Parental permission and active participation should be stressed.

The **Guide's** format allows the utmost adaptability and flexibility to make it as teachable as possible in different classroom situations, either as a complete AIDS/STD curriculum or a compatible adjunct to health, science or family education.

Stephen R. Sroka

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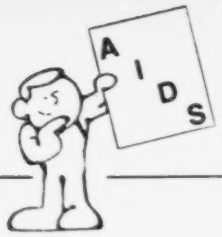
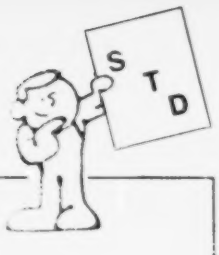


A Notice to Parents



Dear Parent:

Your child will soon be taking instruction in AIDS and other sexually transmitted diseases (STD's). As you know, this instruction can be a matter of life and death.

The four objectives of this instruction are that the student will:

(1) describe the communicable disease chain of infection
(2) identify basic STD information and attitudes needed to break the chain of infection
(3) plan actions for an STD infected person
(4) analyze and practice strategies to prevent STD's and drug use (including SAYING NO skills, while emphasizing **abstinence, No Sex!, No Drugs!,** as the most effective way to prevent AIDS and other STD's)

If you have any questions or would like more information how you can help educate your child in this matter, please contact:

Name _____

Address _____

Phone _____

Your permission and active participation are sincerely requested.

I certify that I am the parent or guardian of _____ and I do ☐ / do not ☐ (please check one) give consent for AIDS and other STD's instruction.

Date_____ Signature_____

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Why Teach STD's ?

TEACHER KEY

1. A **legal** reason to teach STD's is: STD (sexually transmitted disease), formerly called VD (venereal disease) education is mandated (the law) in some states. But even when STD education is not mandated, there are serious statistical, educational and human reasons to teach about STD's.

2. Some **statistics** that demonstrate the need for STD education are: Sexually Transmitted Diseases are prevalent in the school age groups. Each year approximately 25% of all reported cases of STD's occur in persons 15 to 19 years old. About 2.5 million teenagers (1 out of 7) are affected with an STD annually. Since AIDS symptoms may not appear for years, teenagers may be a hidden problem.

3. An **educational** reason to teach STD's is: Teaching STD's is a logical addition to the disease unit in most curricula. Using the Chain of Infection Disease Concept leads easily into the the presentation of STD's as diseases that must be diagnosed, treated, and prevented as any other disease.

4. **Human** concerns that justify the teaching of STD's are: Teaching STD education may help prevent the human physical and emotional sufferings of STD complications. At the least, we can hope that the presentation of objective facts with suggested action plans will allow the infected person to make a rational decision unburdened by the ignorance, shame and fear which may keep many from prompt care. The strategies for prevention will hopefully help students avoid the consequences of contracting STD's.

5. I believe that the best reason to teach about STD's is: _____

The United States Public Health Service has emphasized the need for STD education for students by declaring a 1990 STD Health Education Objective which states that by 1990 every junior and senior high school student should receive accurate, timely information about sexually transmitted diseases.

• • • • •

Health officials have emphasized the need for AIDS education for students by urging schools and parents to teach about sex and the prevention of AIDS and other STD's at the lowest grade possible.

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How to Use This Guide

The **Educator's Guide to AIDS and other STD's** is a classroom ready, activity-oriented, behavioral approach to STD education. It was developed by students, teachers, parents, disease intervention specialists, and medical experts.

The main purpose of this **Guide** is to make STD's easier to teach. The Basic Information is presented as Teacher Keys with corresponding Student Activity worksheets ready-for-use as reproduction masters or overhead transparencies so as to require minimal teacher preparation time and effort. Memory helping acronyms help teachers teach and students learn.

The **Guide** is designed to be flexible and adaptable. It can be used either as a complete STD curriculum or as supplemental methods and materials for STD education within a disease, sexuality, or other unit. The three-ring notebook format allows the educator to add, take out, or rearrange anything he or she chooses in order to adapt to his or her individual curriculum, students, and community. It also facilitates easy updating.

There is an STD Pre/Post Questionnaire with a Teacher's Key ready for student evaluation before and after the STD education program. The Questionnaire measures student STD knowledge, attitudes, and behavioral intentions.

The AIDS Materials section is included for those whose teaching situations need additional AIDS information and activities. U.S. Public Health Service AIDS materials and related activities are enclosed here as well as "AIDS Guidelines for Schools."

The goal of the **Guide** is to provide accurate and timely methods and materials to help students gain the knowledge, attitudes and life/social skills needed for realistic decision-making regarding STD's while emphasizing drug use prevention.

The four objectives of the **Guide** are that the student will:

(1) describe the communicable disease chain of infection concept
(2) identify basic STD information and attitudes needed to break the chain of infection
(3) plan actions for persons with STD's
(4) analyze and practice strategies to prevent STD's and drug use.

A suggested organization plan for teaching STD education with these four objectives is illustrated on 2-2.

After using the **Guide** in your classroom, help us help others teach STD education; please complete and return the Teacher Evaluation Form.

Teacher Note: Drugs decrease the ability to make healthy decisions. Intravenous drug abuse is a high risk behavior for acquiring the AIDS virus. For a practical handbook to help prevent drug use in your school, you can obtain, free of charge, a copy of the U.S. Department of Education's "What Works: Schools Without Drugs," by calling 1-800-624-0100 or write to Schools Without Drugs, Pueblo, CO 81009.

• • • • •

*This **Guide** is for educational purposes only. Questions about diagnosis and treatment of STD's should be directed to qualified health professionals.*

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How to Use This Guide

Since 1984, the **Guide** has continually been updated and improved based on feedback from in-servicing over 20,000 educators who teach over 6,000,000 students.

Suggestions from teachers, students and parents, as well as from national and local leaders follow:

1. Content

Students need accurate, up-to-date, relevant, and appropriate biomedical information about AIDS/STD's, but facts are not enough. The information that will prevent diseases with students may have less to do with AIDS/STD biomedical facts and more with risk reduction behavioral strategies which will let them take control of their lives. These skills include decision-making skills, assertive communication, stress management and self-esteem raising activities. These skills need to be introduced in lower elementary grades and stressed throughout the school years. A single lecture, film or assembly in the ninth grade won't do it.

2. Comprehensive Health Education Curriculum

Don't teach AIDS education per se! AIDS and other STD's often take on the "disease-of-the-month syndrome." Remember Herpes? AIDS/STD education needs to be put in a more teachable, less sensational and less controversial framework such as in the broader context of a well-planned, sequential K-12 comprehensive health curriculum within the subject area of communicable disease or family life education.

3. Age-Appropriate Prevention Messages

In grades K-4 most educators do not teach AIDS/STD's specifically but rather principles of communicable disease to form a basis of understanding AIDS/STD at a later grade level. Other K-4 messages should be to allay fears of students who feel they are at risk as well as to foster self-esteem skills which empower students to take control of their lives.

In the upper grades, the messages become more controversial. **Abstinence** should always be taught as the **most effective** method to prevent AIDS/STD's but **Just Say No** may not be enough for some students. Since over 50% of our 17-year-olds are sexually active perhaps a **Just Say KNOW**™ or **Just Say LATER** message may be more realistic.

Messages must be clear, direct and in language students understand. The messages must reinforce those students who abstain from sexual activity as well as teach ways to reduce risks for those who are sexually active.

4. Sensitive Language and Subject Matter

Language and subject matter must be appropriate to the age of the students and also consistent with the values and needs of the school and community. This should not be construed to say that communities should only teach what they want but rather communities should strive for messages which reflect enlightened awareness of the real world and its problems.

Educators would be prudent to proceed cautiously with controversial issues since reactions may hamper educational initiatives. Issues and topics such as condoms, homosexuality and minority concerns are often controversial and need to be addressed in sensitive and carefully planned programs by educators well-trained to handle such issues.

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How to Use This Guide

5. Selecting and Developing Materials

Many useful videos, curricula, and pamphlets already exist.

Let's start sharing our materials and information with each other. Use existing programs or at least modify them for your needs.

Don't reinvent the wheel, because it costs time and money, and with AIDS education, time may save lives.

To be successful, materials must respect the teacher. Use materials that are teacher friendly.

6. Involving the Community for Effective Messages

We must all work together to give students age-appropriate, consistent, sensitive and realistic messages about AIDS/STD's (K-12).

Communities including professionals, teachers, parents, curriculum specialists and students must become involved in order to foster ownership which helps guarantee successful implementation of the program. Programs need to encourage students to communicate with their parents and vice versa.

7. Staff Training

All staff should have a general understanding of AIDS/STD's and those responsible for teaching AIDS/STD's need in-depth adequate training to become comfortable with the potentially sensitive issues of sex, confidentiality and drug use prevention.

School systems need to allocate sufficient personnel, time and resources to assure programs and policies are developed and implemented along with community involvement.

8. Does it Work?

All programs need to be updated and evaluated regularly.

9. Do Not Wait

Teach AIDS/STD education to your students as soon as possible. For some, tomorrow may be too late.

RESOURCES

For those interested in more guidelines for AIDS and other STD education, two selected resources are listed.

- **AIDS and the Education of Our Children: A Guide for Parents and Teachers** by William J. Bennett, Former Secretary, United States Department of Education, May, 1988.

To obtain individual copies of this book free of charge, please write:

Consumer Information Center
Dept. ED
Pueblo, CO 81009

- **Guidelines for Effective School Health Education to Prevent the Spread of AIDS** by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, January, 1988.

Copies may be requested from the National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS." P.O. Box 6003, Rockville, Maryland 20850.

HOTLINES

- For additional up-to-date, accurate information, you may call your local or state health or education department (call your local operator for phone numbers).
- The AIDS National Hotline (toll free) is **1-800-342-AIDS (2347).**
- The Spanish (toll free) National AIDS Hotline is **1-800-344-SIDA**
- The Sexually Transmitted Disease National Hotline (toll free) is **1-800-227-8922.**

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Suggested Organization For This Guide

OBJECTIVES	BASIC INFORMATION	ACTIVITIES	EVALUATION
INTRODUCTION	Why Teach STD's?	1. STD Awareness 2. Why Teach STD's?	Pre/Post Questionnaire
OBJECTIVE #1 CHAIN OF INFECTION	1. Chain of infection Disease Concept 2. Breaking Links in the Chain of Infection	Breaking Links in the Chain of Infection	Pre/Post Questionnaire
OBJECTIVE #2 STD INFORMATION	1. Possible Sites of STD Infections (Male and Female) 2. Disease Fact Sheets	1. Possible Sites of STD Infections (Male and Female) 2. Disease Fact Sheets	Pre/Post Questionnaire
OBJECTIVE #3 ACTION PLANS	1. STD Clinic Visit 2. A Walk through an STD Clinic 3. STD Help Resources 4. Action Plans for Persons with STD's	1. Walk through an STD Clinic 2. STD Help Resources 3. Action Plans for Persons with STD's	Pre/Post Questionnaire
OBJECTIVE #4 PREVENTION STRATEGIES	1. STD Prevention Strategies 2. Creative Ideas for STD Education Activities	1. STD Prevention strategies 2. Creative Ideas for STD Education Activities	Pre/Post Questionnaire

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Guidelines for Teachers K-4

ARE YOU PREPARING YOUR STUDENTS FOR AIDS EDUCATION?

Most educators do not teach AIDS education at grades K-4. However, the basic principles of communicable disease which form the basis for understanding a discussion of AIDS and other STD's at later grade levels can be taught K-4. Subjects such as:

- wellness and illness
- germs and illness
- how some illnesses are communicable
- methods to prevent diseases
- ways to promote wellness

should be taught in the K-4 curriculum.

Specific issues may include:

- why you try not to expose yourself or others to germs, for example, why you do not sneeze on someone
- why you put a bandage on a cut (so germs cannot get in your blood)
- why it is important to wash your hands to rid them of dirt and germs, especially before you eat, after going to the bathroom, and after touching dirty things.
- why it is important to get help from adults to clean up any body fluids such as blood, urine, feces, saliva, vomit, etc.
- why some people wear gloves while they work, such as doctors, nurses and dentisits.
- how good health habits, good hygiene, proper nutrition, rest and exercise help you fight infections.

TIPS FOR TEACHERS

- *It is strongly suggested that all teachers, including K-4 learn as much as possible about AIDS and other STD's so they can respond to classroom questions in an intelligent and appropriate manner.*
- Questions should be answered as simply as possible.
- Check with your school system first to see if they have a policy for dealing with questions from young students about AIDS, or other sensitive issues.
- A teacher may feel better about tabling a question about AIDS rather than answering it and thereby bringing on more questions he/she feels uncomfortable answering.
- In some communities telling K-4 students that you get AIDS from having sex, or doing IV drugs would be socially unacceptable even though it is factually accurate. Students in the higher grades are more likely to be engaged in the kinds of behaviors that put them at risk of contracting the AIDS virus, thus making it more important, and thus more socially acceptable, to list these behaviors.
- Some school systems find that this is an appropriate age to teach students about good and bad touch, and what to do if they are abused.
- Teachers may want to practice the suggested responses with other teachers, school nurses, physicians, counselors, church leaders, and parents to become comfortable dealing with these issues. The main goals to convey to K-4 students are to (1) allay fears about AIDS and (2) encourage positive health habits which foster positive self-esteem, self-respect and self-control.

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Guidelines for Teachers K-4

SUGGESTED RESPONSES

Although many educators do not teach AIDS and other STD's education specifically, it is not unreasonable to believe that with the media attention given to AIDS, questions may be expected. In fact, some teachers have already had to address the issues regarding students and/or teachers with AIDS in their schools. As time goes on, this will become more common. In order to help the teachers field those questions, some questions that would be expected at the K-4 level are listed with suggested answers.

Questions	Suggested Answers
1. What is AIDS?	AIDS is a disease some people have that makes them very sick at times, but it does not commonly affect children.
2. How do you get AIDS?	Children get AIDS by a contaminated blood transfusion or by being born with it. **Optional:** *You can also get AIDS by having sex or sharing a needle with someone who has it.*
3. What happens to people with AIDS?	They get very weak and very sick and then after a while they usually die.
4. Can you get AIDS from going to school with someone who has AIDS?	No. AIDS is hard to get. You do not get AIDS by going to school with someone who has it. You are safe even if they touch you or borrow your pencil or get a drink of water from the same water fountain. Children get AIDS by a contaminated blood transfusion or by being born with it. And today the blood is as safe as possible. **Optional:** *No. Only by having sex, sharing a needle or having a blood transfusion from someone who already has it.*
5. If you know someone with AIDS, how should you treat him/her? How would you help him/her?	You could treat him the same way you treat almost anyone else. You could include him or her in your games at recess. You could sit next to him/her at lunch. What you do not want to do is touch his or her body fluids. But this is true for anyone even if they do not have AIDS. Body fluids children do not want to touch are blood, saliva, vomit, urine or feces. If **anyone** has an "accident," for example, vomits, urinates, is bleeding, etc., get an **adult** to help them. You could help him/her and everyone else by being careful not to spread **your** germs. Practice good hygiene and cleanliness. Lastly, a person with AIDS may suffer from serious illnesses as well as be treated mean by some people. They need your help, support and understanding.
6. Is there a cure for AIDS?	No, but scientists are working hard to stop people from getting AIDS and to cure those who have it.

A special thanks to Rick Ware, an elementary school teacher and Ric Loya, a health teacher and Coordinator of the National Association of Teachers of Comprehensive Health Education.

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Guidelines For Teachers Grades 5-12

The ABC's of STD's™

Just Saying NO, Just Saying KNOW, and other Disease Prevention Strategies

Teachers, parents, school boards, churches, health care professionals, and communities throughout the country are struggling to give consistent, sensitive and realistic messages to their students and young people about AIDS and other STD's prevention strategies.

Here are some suggestions from those in the trenches — the teachers.

It is advised that messages in the schools reflect a local determination of community values and needs.

The Practice Abstinence (No Sex! No Drugs!) is the appropriate message most often stressed beginning around grade 5 and is reinforced throughout high school. Many educators feel it is the appropriate message for grades 5 and 6, and some even for grades 7-8.

However in many communities, especially at the high school level (grades 9-12) realistic messages including condoms may be justified. The appropriate message here may be **Just Say Know**.™

One technique which has proven to be an effective technique to help students remember is:

THE ABC'S OF STD'S™

A = Abstinence (No sex! No Drugs!) — the most effective way to prevent STD's

B = Be Monogamous — refrain from sexual activity until as adults you are ready to establish a mutually faithful monogamous relationship, such as in marriage

C = Condoms (rubbers) reduce but **do not eliminate** the risks of STD's for those who choose to put themselves at risk such as those who have sex outside of a mutually faithful monogamous relationship. **(Optional response:** to expect condoms to be 100% effective, would be stretching a good thing too far.)

If condoms are a sensitive issue in your community you may utilize an approach developed for use in some religious schools. The statement goes, "We do not condone the use of condoms, but for some people who decide to live outside the teachings of the church, we have a moral responsibility to teach them skills to reduce the risks of AIDS and other STD's and hope to keep them alive long enough to learn some religious ethics."

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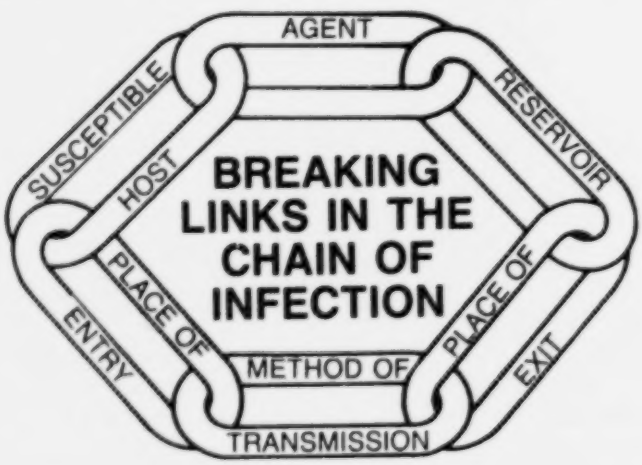
Chain of Infection Disease Concept

CONCEPT: Germs, the agents of infection, must travel from one person to another. This creates a cycle which can be visualized as a chain linking all the necessary components for disease spread. Understanding and breaking the chain at any one link can prevent further infection.

This concept may be used to teach any communicable disease. In this **Guide** measles is presented before examining the selected STD's.

This design is used to help the student to realize that STD's are like other communicable diseases and that prompt medical care and prevention strategies are important for all communicable diseases. This approach may also allow the educator added flexibility to "ease" into the teaching of STD's while teaching a disease unit.

The Chain of Infection Disease Concept is a rational conceptual approach to STD education which helps the educator to allay fears, and to desensationalize and clarify the STD, and especially AIDS, issues.



Teacher Note:

Teachers should realize that this Chain of Infection Disease Concept is primarily background information. While one or two examples of Disease Fact Sheets might be provided, teachers should realize that it is **not** recommended to present each one of these. For instance, the STD Summary Sheet could be used to describe major STD symptoms and methods of transmission. Students should understand that it is not important to learn what bacteria or virus is responsible for a particular infection or what symptoms that it causes. It is only important to recognize the symptoms that might suggest an STD and what to do if they do occur as well as how to prevent the STD's.

* Thanks to the Cleveland Health Education Museum, Lowell Bernard, Executive Director, for providing the idea of the chain of infection and to John Beeston, M.D. University of Southern California who developed the concept.

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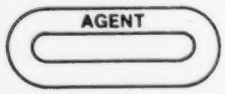
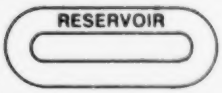
Breaking Links in the Chain of Infection

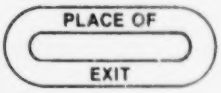
The six links in the Chain of Infection are:



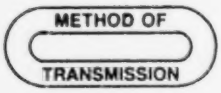
AGENT: The germ or pathogen which produces an infection. Agents include bacteria, viruses, fungi and parasites.
NOTE: With STD's an infected person may have two or more STD's at the same time and therefore may need more than one kind of treatment.



RESERVOIR: A place where germs survive, such as in humans, animals, soil, air, food or water or any such object.

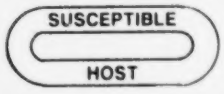


PLACE OF EXIT: Where germs leave the reservoir. In humans, it includes the mouth, nose, anus, genitals (sex organs) and breaks in the skin.



METHOD OF TRANSMISSION: How the germ travels. Direct transmission involves close, intimate contact, such as sexual intercourse or blood to blood contact such as in intravenous drug abuse. Indirect transmission occurs when something else carries the germ, such as insects, food or contaminated water.

PLACE OF ENTRY: Where germ or pathogen enters the next host, usually in the way it exited the old host.



SUSCEPTIBLE HOST: Condition of the body for infection. Immunizations, proper hygiene, good nutrition, adequate rest, physical exercise, stress reduction, limiting toxic substances such as alcohol, tobacco and other drugs contribute to a healthy lifestyle.

BREAKING LINKS IN THE CHAIN OF INFECTION INCLUDE: Diagnosis, treatment, prevention, immunizations*, knowledge, avoiding infected contacts, condoms (rubbers, prophylactics) for some STD's. Remember: when one person has an STD, someone else has it too! That's why infected persons should tell their sex partner(s).

*NOTE: Unlike with some diseases, most people do not acquire immunity to STD's after they have them, nor are effective immunizations against most STD's available.

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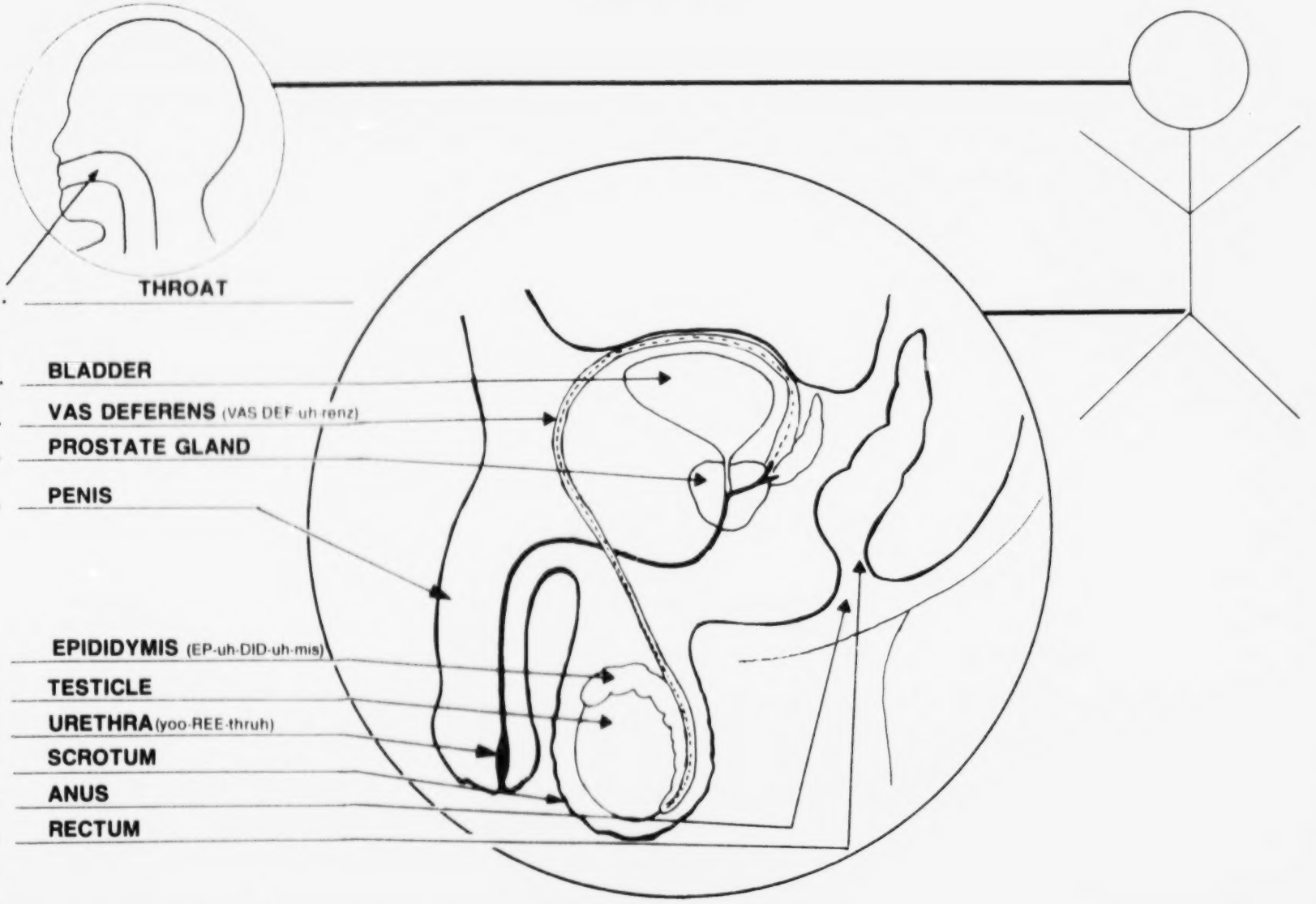
TEACHER KEY

Possible Sites of STD Infections (Male)



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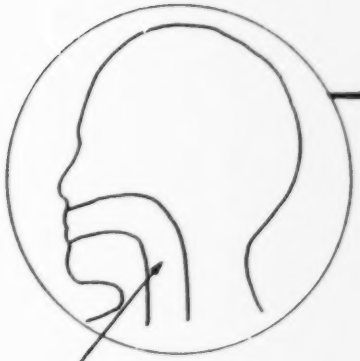
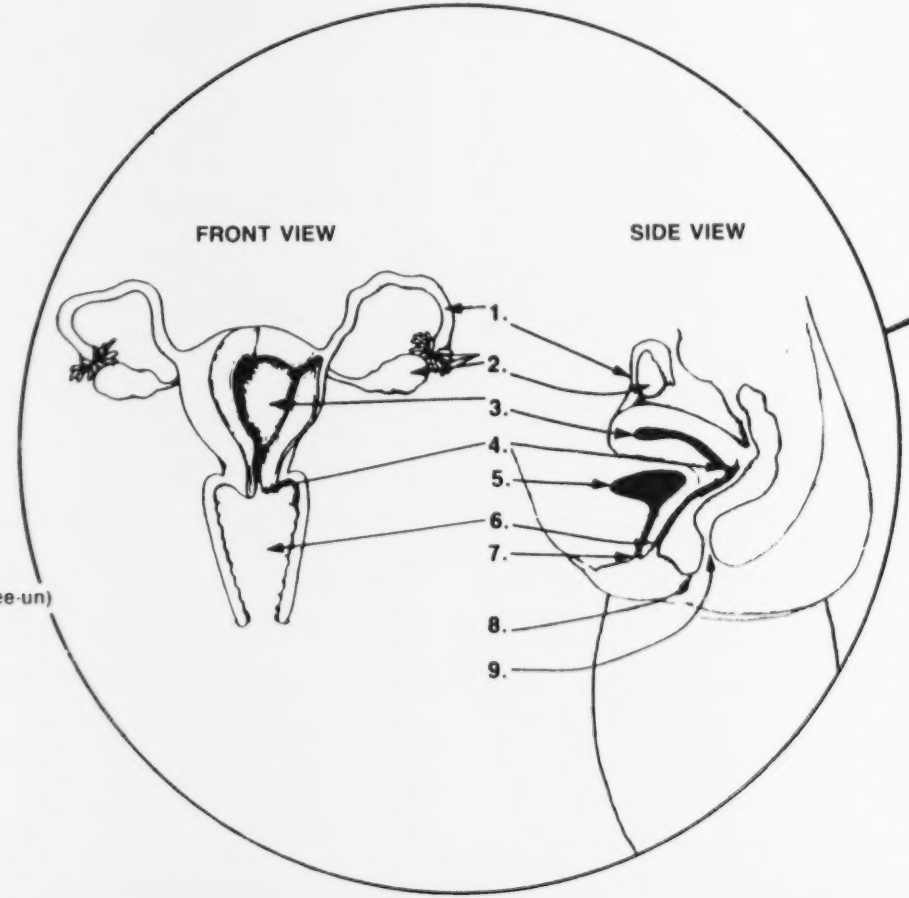
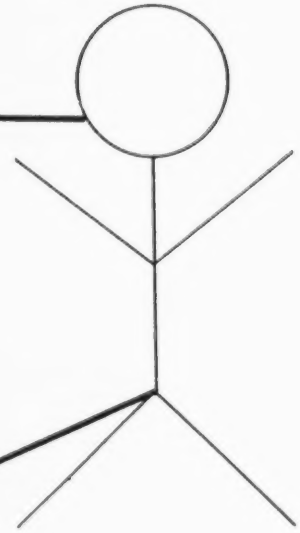
TEACHER KEY

Possible Sites of STD Infections (Female)



10. THROAT





1. FALLOPIAN TUBE (fuh-LOW-pee-un)
2. OVARY (OH-vuh-ree)
3. UTERUS (YOO-ter-us)
4. CERVIX (SIR-vicks)

5. BLADDER
6. VAGINA (vuh-JI-nuh)
7. URETHRA (yoo-REE-thruh)
8. ANUS
9. RECTUM

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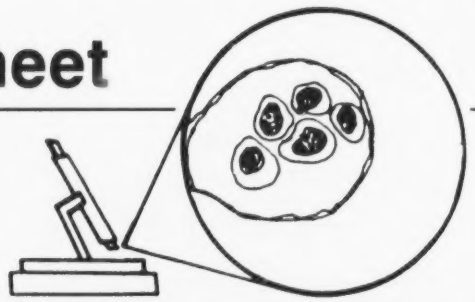
TEACHER KEY

Disease Fact Sheet

MEASLES (Rubeola)



DESCRIPTION	SYMPTOMS	COMPLICATIONS
• Viral disease • **NOT AN STD**	• Fever, white spots in mouth, high temperature, possible eye infection, cough, nasal drip, rash starts at neck and face and soon spreads over whole body, within a week disease disappears	• Rarely, pneumonia, strep throat, encephalitis, bacterial infections

AGENT	Measles virus
RESERVOIR	Humans, reservoir between epidemics is unknown
PLACE OF EXIT	Nose, throat, mouth
METHOD OF TRANSMISSION	Droplet spray or direct contact with secretions from an infected person
PLACE OF ENTRY	Nose, mouth
SUSCEPTIBLE HOST	Any human who comes into contact with the germs; Once infected, a person becomes immune for life; Vaccination prevents infections

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:	PREVENTION INVOLVES:
• Seek prompt medical diagnosis and ask about treatment for contacts who are not immunized. Alert all possible contacts who are not immunized.	• Immunizations

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TEACHER KEY

Teachers: Note the memory helping acronyms. See specific fact sheet for specific disease, such as AIDS.

Disease Fact Sheet

SUMMARY SEXUALLY TRANSMITTED DISEASES (STD's)

DESCRIPTION

- **[F]**ormerly called VD (venereal disease)
- **[A]**IDS is an STD
- **[C]**ontact, sexual and/or intravenous drug abuse, is how STD's are spread
- **[T]**here are over 20 STD's and syndromes

SYMPTOMS

- **[S]**kin changes (sores, rashes, bumps) around the genitals
- **[I]**rritating (burning) urination
- **[G]**enital itching
- **[N]**oticeable pelvic pain (females)
- **[S]**ex organs discharges
- **[N]**o symptoms for many people yet they can transmit the disease(s)
- **[O]**nly qualified health professionals can diagnose and care for persons with STD's

COMPLICATIONS

- **[D]**eath
- **[E]**motional (fear, shame, guilt)
- **[A]**ffects newborns of infected mothers
- **[T]**ubal (ectopic) pregnancy, fatal to embryo and dangerous to mother
- **[H]**ave risk of sterility (inability to reproduce)

AGENT	Bacteria, viruses, protozoa, parasites, fungi
RESERVOIR	Humans
PLACE OF EXIT	Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood
METHOD OF TRANSMISSION	Usually intimate sexual contact, (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis), sharing a drug needle with an infected person, infected pregnant mother may infect newborn, rarely blood tranfusions (the blood supply is now as safe as possible)
PLACE OF ENTRY	Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood
SUSCEPTIBLE HOST	Anyone having sexual contact with an infected person, sharing a drug needle with an infected person, newborn babies of infected mothers, rarely through a blood transfusion from an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical care and if infected, follow instructions.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

For more information
call the VD National HOTLINE
1-800-227-8922

PREVENTION INVOLVES:

- **[P]**ractice abstinence (No Sex! No Drugs!)
- **[R]**esponsible sex behavior
- **[E]**ducation
- **[V]**oluntary testing
- **[E]**xercise healthy behaviors
- **[N]**ot cheating (on partner)
- **[T]**reatment of partner(s)
- **[I]**dentify, reduce risks
- **[O]**bservation of partner, self
- **[N]**o risky sex or drug behaviors

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TEACHER KEY

Teachers: Note the memory helping acronyms

Disease Fact Sheet

(AIDS) ACQUIRED IMMUNE DEFICIENCY SYNDROME

DESCRIPTION

- **[A]**cquired Immune Deficiency Syndrome
- **[I]**mmune system disorder
- **[D]**isease with far more serious consequences than other STD's
- **[S]**usceptible to serious and often fatal opportunistic infections, such as pneumonia, cancer, brain damage

SYMPTOMS

- **[S]**kin changes (purplish blotches, bumps, rashes)
- **[I]**ncludes diarrhea, fatigue, fever, loss of appetite, persistent dry cough, night sweats, weight loss
- **[G]**lands swollen
- **[N]**ote these symptoms can be other diseases
- **[S]**ymptoms do not disappear and will progress
- **[N]**o symptoms for many people yet they can transmit the disease
- **[O]**nly qualified health professionals can diagnose and care for persons with AIDS

COMPLICATIONS

- **[D]**eath
- **[E]**motional (fear, shame, guilt)
- **[A]**ffects newborns of infected mothers
- **[T]**hreat of discrimination
- **[H]**as no cure or vaccine

AGENT

A virus referred to as HTLV-III / LAV or HIV (human immunodeficiency virus) — or just the AIDS virus

Teacher Note: Infection with the AIDS virus may cause a person to develop AIDS. One does not become infected with AIDS; rather, one develops AIDS after being infected with the AIDS virus.

RESERVOIR

Humans, **not** insects, such as mosquitoes, dogs, cats, domestic animals, or swimming pools, hot tubs, etc.

PLACE OF EXIT

Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood

METHOD OF TRANSMISSION

Sexual contact (spread by anal and vaginal intercourse and probably also by oral-genital and oral-anal contact), sharing drug needles, mother to baby, rarely blood transfusions (the blood supply is now as safe as possible)

Casual contact does **not** transmit the AIDS virus. Casual contact includes such behaviors as shaking hands, hugging, social kissing, crying, coughing or sneezing, etc. or contact with such items as doorknobs, toilet seats, telephones, bed linens, towels, dishes, glasses, etc.

PLACE OF ENTRY

Penis, vagina, mouth, rectum, breaks in skin, mucous membranes, blood

SUSCEPTIBLE HOST

Anyone having sexual contact with an infected person, sharing a drug needle with an infected person, newborn babies of infected mothers, rarely through a blood transfusion from an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical care and if infected, follow instructions.
- **[C]**ontact sex and intravenous drug partner(s) to seek testing and counseling.
- **[T]**alk with a qualified health professional about prevention.

For more information
call the AIDS National HOTLINE
1-800-342-AIDS

PREVENTION INVOLVES:

- **[P]**ractice abstinence. (No Sex! No Drugs!)
- **[R]**esponsible sex behavior
- **[E]**ducation
- **[V]**oluntary testing and counseling
- **[E]**xercise healthy behaviors
- **[N]**ot cheating (on partner)
- **[T]**esting and counseling of partner(s)
- **[I]**dentify, reduce risks
- **[O]**bservation of partner, self
- **[N]**o risky sex or drug behaviors

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TEACHER KEY

Disease Fact Sheet

CHLAMYDIA
(kluh-MID-ee-uh)

DESCRIPTION

- The most prevalent STD bacterial pathogen (germ) in the U.S. today
- The leading cause of non-gonococcal urethritis in males

SYMPTOMS

- **Males:** Painful urination and watery discharge, some have no symptoms
- **Females:** Itching, burning, discharge, dull pelvic pain, bleeding between periods but most have no symptoms.

COMPLICATIONS

Males:
- Prostatitis - inflammation of the prostate
- Epididymitis - inflammation of the epididymis - may cause scarring which may result in sterility

Females:
- Salpingitis - inflammation of the fallopian tubes - may cause scarring which may result in ectopic (tubal) pregnancy and/or sterility

Newborns:
- Eye infections and pneumonia

AGENT	**Chlamydia trachomatis** bacteria
RESERVOIR	Humans
PLACE OF EXIT	Penis (urethra), vagina, throat
METHOD OF TRANSMISSION	Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on
PLACE OF ENTRY	Penis (urethra), vagina, anus, throat
SUSCEPTIBLE HOST	Anyone having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharges.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.

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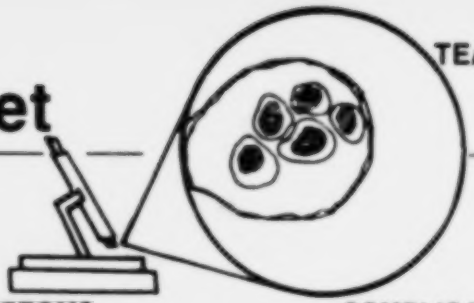
TEACHER KEY

Disease Fact Sheet

GENITAL HERPES



DESCRIPTION

A viral STD infection of the genitals mouth, anus

- Don't fall victim to the herpes hysteria
- It is **not** a "sexual leprosy" and is **not** life threatening to healthy adults
- It is a disease you can learn to live with, especially with treatments which help control herpes

SYMPTOMS

- Painful blisters or sores on the genitals which heal on their own within a few weeks but often reactivate later (1/3 do not)
- Some feel an itching and/or tingling prior to the onset of the sores ("It is important to note that even at this time the herpes virus is "shedding" and may infect another person)
- Some have swollen glands, fever, aches, and pains, discharges, or tiredness
- Research indicates that many people may have asymptomatic (no symptoms) herpes and transmit it without knowing they even have it

COMPLICATIONS

No cure, virus becomes dormant, only to possibly activate again when triggered by stress (yet many people experience no recurrences)

- Proctitis (inflammation of the rectum)
- Herpes keratitis (eye problems which may lead to blindness)
- Rarely, encephalitis (brain inflammation)
- Possible link to cervical cancer
- Danger of possible death or brain damage to newborn of mother with active herpes (at which time Caesarean section may be performed to avoid infection)

AGENT	**Herpes Simplex Virus II**
RESERVOIR	Humans
PLACE OF EXIT	Penis, vagina, anus, mouth
METHOD OF TRANSMISSION	Usually direct, intimate contact with infected person
PLACE OF ENTRY	Penis, vagina, anus, mouth; Transfer of herpes to the eye after fingers have touched the sore is particularly dangerous
SUSCEPTIBLE HOST	Any person having contact with the virus

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- Attain prompt medical diagnosis and suggestions for managing the disease.
- Contact sex partner(s) to seek medical care.
- It is a disease you can learn to live with: Recurrences are generally less severe and after two years most people have no recurrences. However, a small percentage suffer debilitating recurrences.
- Avoid sexual contact when herpes sores are active (from the time the itching and tingling before the blisters erupt until the eruption is healed).
- Since the herpes virus can be transmitted asymptomatically, those infected should be encouraged to use condoms.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with blisters in the genital area.
- Condoms (rubbers) help reduce the transmission of herpes if they cover the lesions.
- Treatments are available to help prevent or reduce recurrences of genital herpes.

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TEACHER KEY

Disease Fact Sheet

GENITAL WARTS

DESCRIPTION

- Infectious warts on the genitals caused by a virus
- One of most rapidly increasing STD's

SYMPTOMS

- Warts on genitals and anus
- Subclinical (not visible) warts may exist and may be transmitted

COMPLICATIONS

- Lesions may enlarge and produce tissue destruction
- May block body openings
- Possible link to cervical cancer

AGENT	**Human papillomavirus**
RESERVOIR	Humans
PLACE OF EXIT	Human genitals and anus
METHOD OF TRANSMISSION	Sexual contact
PLACE OF ENTRY	Human genitals and anus
SUSCEPTIBLE HOST	Humans

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital warts.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.

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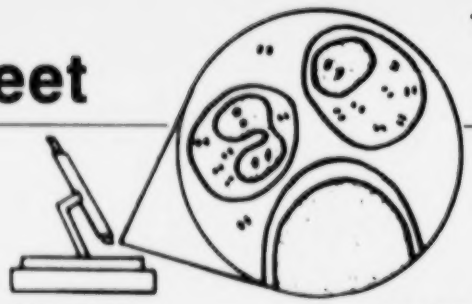
TEACHER KEY

Disease Fact Sheet



GONORRHEA
(GON-oh-REE-uh)

DESCRIPTION

- An STD caused by a bacteria sometimes called "clap"

SYMPTOMS

- **Males:** 3-8 days after contact, sometimes men have a burning discharge from penis, but many may be asymptomatic (no symptoms)
- **Females:** Most women have no symptoms since infection is of the cervix and not vagina

COMPLICATIONS

- In females, salpingitis (inflammation of the fallopian tubes) may cause scarring which may result in ectopic (tubal) pregnancy and/or sterility
- In males, epididymitis (inflammation of the epididymis) may cause scarring which may result in sterility
- Eye infections to newborns
- Arthritis

AGENT	**Neisseria gonorrhoeae**, a double kidney-bean shaped bacteria
RESERVOIR	Humans
PLACE OF EXIT	Penis (urethra), vagina (cervix), anus, throat
METHOD OF TRANSMISSION	Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on
PLACE OF ENTRY	Penis (urethra), vagina (cervix), anus, throat
SUSCEPTIBLE HOST	Anyone having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment. The agent is treated with antibiotics, although damage done is often irreversible. Antibiotic resistant gonorrhea presents new treatment problems and re-emphasizes the need for a follow-up test of cure visit.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharges.
- Prompt urination after intercourse may help males, but don't count on it.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.

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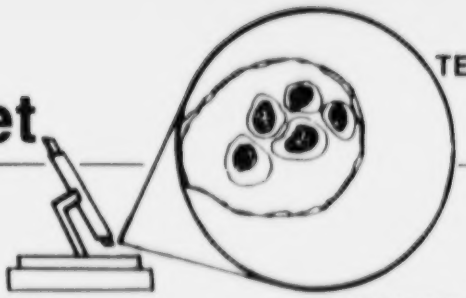
TEACHER KEY

Disease Fact Sheet



HEPATITIS
(hep-uh-TITE-us)

DESCRIPTION
- A disease which means "inflammation of the liver"
- May be transmitted without sexual contact
- There are several different viruses that cause hepatitis

SYMPTOMS
- Some mild cases are like the flu
- Fever, nausea, chills, loss of appetite
- Changes in urine (dark color)
- Abdominal pain
- Jaundice (skin and whites of eyes turn yellow)
- No symptoms for many people yet they can transmit the virus

COMPLICATIONS
- No medical cure
- Rest, proper nutrition and avoidance of drugs are only treatments and it it can take up to several months to recover
- Although rare, can cause serious illness, liver damage, and death
- Mother can give disease to unborn child
- For pregnant female, increased danger of spontaneous abortion or premature death

	Hepatitis A virus	**Hepatitis B** virus
AGENT		
RESERVOIR	Feces of infected person	Human body fluids
PLACE OF EXIT	Mouth, anus	Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood
METHOD OF TRANSMISSION	Anal-oral sex; most cases contracted through nonsexual contact such as eating food or drinking water which has been contaminated by sewage, or by an infected person	Blood transfusion, contaminated needles, easily transmitted through sexual intercourse; blood to blood, such as razor blades, toothbrushes, eating utensils; transmitted through all body fluids including saliva, semen, urine, menstrual blood, vaginal secretions of infected person
PLACE OF ENTRY	Mouth	Penis, vagina, rectum, mouth, breaks in skin, mucous membranes, blood
SUSCEPTIBLE HOST	Eating or drinking contaminated food or water	Anyone having sexual contact with an infected person, sharing a needle with an infected person, newborn babies of infected mother and through a blood transfusion from an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- Attain prompt medical diagnosis and treatment and if infected, follow instructions.
- Contact sex and intravenous drug partner(s) to seek medical care.
- There are treatments available to prevent or at least lessen the symptoms of both hepatitis A and B for those recently exposed.

PREVENTION INVOLVES:
- Abstinence (No Sex! No Drugs!).
- Responsible sex behavior.
- Avoid sexual contact with an infected person.
- Avoid using personal articles of an infected person.
- Practice good hygiene - wash your hands after going to the bathroom.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.
- A vaccine is available for hepatitis B and is recommended for those at risk including medical workers.

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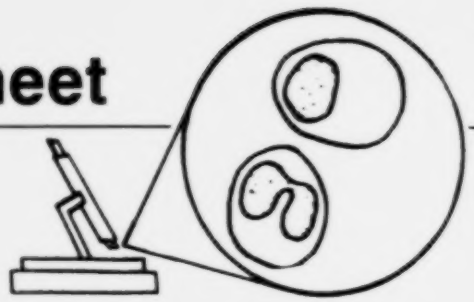
TEACHER KEY

Disease Fact Sheet



NON-GONOCOCCAL URETHRITIS (NGU)

(non-gon-oh-KAHK-ul)
(yoo-reeth-RIGHT-us)

DESCRIPTION

- A group of STD germs causing inflammation of the urethra, but not gonorrhea, often called NSU (non-specific urethritis) twice as common as gonorrhea for males

SYMPTOMS

- Men may have a thin, clear, watery or milky discharge from the penis
- Women may have burning on urination

COMPLICATIONS

- Prostatitis-inflammation of prostate
- Epididymitis (inflammation of the epididymis) may cause scarring which may result in sterility
- Arthritis

AGENT — Common agents include: **Chlamydia, Ureaplasma, Mycoplasma, Trichomonas, Herpes**

RESERVOIR — Humans

PLACE OF EXIT — Penis (urethra), vagina, anus, throat

METHOD OF TRANSMISSION — Direct mucous membrane contact with the germs during sexual contact; If one is infected and has no symptoms, the disease may still be passed on

PLACE OF ENTRY — Penis (urethra), vagina, anus, throat

SUSCEPTIBLE HOST — Any person having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain or discharge.
- Prompt urination after intercourse may help males, but don't count on it.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.

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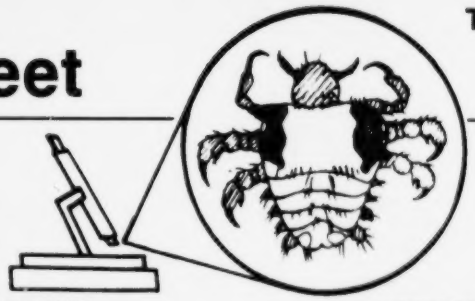
TEACHER KEY

Disease Fact Sheet

PUBIC LICE (Crabs)
(PYOO-bik)



DESCRIPTION
- Tiny flea-like insects (lice) which infest the pubic hair (hair on the outside of the genital area)
- Usually but **not always spread by sexual contact**

SYMPTOMS
- Itching caused by the lice sucking blood
- Sometimes a rash
- Pin head blood spots on underwear

COMPLICATIONS
- Some experience intolerable itching
- Scratching may spread the disease to other parts of the body

AGENT — **Pediculosis Pubis** a flat, small insect commonly called a louse

RESERVOIR — Pubic hair (sometimes armpits or eyelashes), bed sheets, underwear, occasionally toilet seats

PLACE OF EXIT — Pubic hair

METHOD OF TRANSMISSION — Usually pubic hair contact, but **lice can crawl from bed sheets, toilet seats, or clothing onto your body;** They glue their eggs to the pubic hair; Scratching may spread the disease to other parts of the body

PLACE OF ENTRY — Pubic hair

SUSCEPTIBLE HOST — Anyone having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:
- Attain prompt medical diagnosis and treatment and if infected, follow directions.
- Some effective treatments are available over-the-counter in drug stores.
- Hot water laundering of infected clothing helps eliminate the lice.
- Contact sex partner(s) to seek medical treatments.

PREVENTION INVOLVES:
- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals who have genital itching or irritation.

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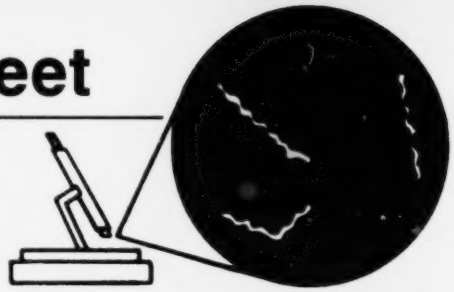
Disease Fact Sheet



SYPHILIS
(SIF-uh-lis)

DESCRIPTION

- An STD caused by a bacteria, known as the siff, pox, and Great Imitator since it imitates other diseases in its second stage

SYMPTOMS

- **1st stage:** 10-90 days after contact a "chancre" (painless sore that goes away)
- **2nd stage:** 2-6 months after contact, feeling "unwell" (tired, fever, sore throat), loss of hair, non-itchy rash appears then disappears
- **3rd stage:** after 2 years, possible damage to central nervous system, insanity, even death

COMPLICATIONS

- Insanity, paralysis, heart disease, birth defects, stillbirth, death, major organ damage occurs in about ⅓ of the untreated

AGENT — **Treponema pallidum,** a corkscrew shaped bacteria (spirochete)

RESERVOIR — Humans

PLACE OF EXIT — Penis, vagina, anus, mouth; Also passed to developing fetus by mother through the placenta

METHOD OF TRANSMISSION — Direct mucous membrane contact with the sores or rash during sexual contact, or (rarely) kissing if the sores are oral, also congenital where infant acquires it before birth

PLACE OF ENTRY — Penis, vagina, anus, mouth; A break in the skin may allow germ entry

SUSCEPTIBLE HOST — Anyone having sexual contact with an infected person during the time sores or rash are present; Since the sores do not hurt or itch and may be inside the vagina, anus, mouth or even the urethra of the penis, they are often unnoticed

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment ment and if infected, follow instructions.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with suspicious sores.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.
- For the male, washing with soap and water immediately after intercourse may wash the germs away; however, this method affords little protection by itself!

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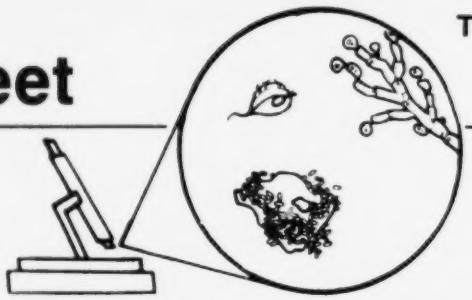
TEACHER KEY

Disease Fact Sheet

VAGINITIS
(vaj-in-ITE-us)



DESCRIPTION

- Common female infections
- Usually but **not always caused by sexual contact**
- Several agents may cause vaginitis
- Non-specific vaginitis (NSV) is used when a specific diagnosis is not made

SYMPTOMS

Female:
- Pain
- Discharge
- Irritation
- Redness
- Itching
- Odor
- But often asymptomatic (no symptoms)

Male:
- May be asymptomatic and yet pass the disease

COMPLICATIONS

- Some are similar to gonorrhea including sterility and eye infections to newborns
- But others pose more of a nuisance

AGENT — Common agents include those that cause **candidiasis** (yeast), **chlamydia, gardnerella, herpes, trichomonas** and **mycoplasma**

RESERVOIR — Humans

PLACE OF EXIT — Vagina, penis, anus, throat

METHOD OF TRANSMISSION — Usually sexual contact, but **some vaginitis may occur without sexual contact**

PLACE OF ENTRY — Vagina, penis, anus, throat

SUSCEPTIBLE HOST — Any female having sexual contact with an infected person

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

- **[A]**ttain prompt medical diagnosis and treatment and if infected, follow instructions.
- **[C]**ontact sex partner(s) to seek medical care.
- **[T]**alk with a qualified health professional about prevention.

PREVENTION INVOLVES:

- Abstinence (No Sex!).
- Responsible sex behavior.
- Avoid sexual contact with individuals with genital pain, discharge, irritation, itching, etc.
- Use condoms (rubbers) during (start to finish) sexual intercourse to reduce risks of infection.

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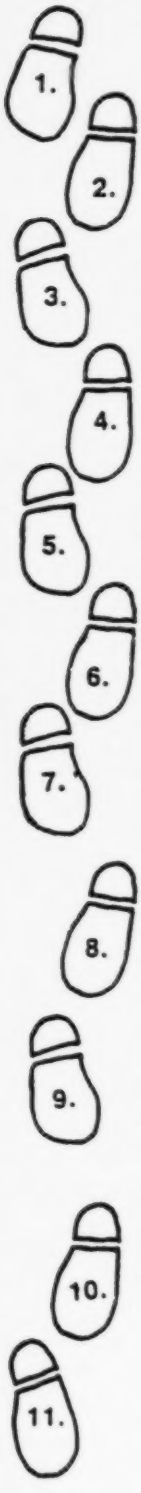
A Walk Through an STD Clinic

While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.



1. How will you be identified in the clinic visit? **by number**

2. How do you give the medical staff permission to treat you? **your signature**

3. What routine screening test will be done first? **blood sample from arm for syphilis**

4. What follows the blood test? **history**

5. Who will do the physical examination? **clinician**

6. Routine cultures for women and smears for gram stains for men are obtained to check for what disease? **gonorrhea**

7. What should males **not** do and females do before seeing the clinician for diagnosis? **urinate, (females should not douche)**

8. Evaluation and consulting the physician under normal circumstances should take no more than how long? **one to two hours**

9. If you are diagnosed as having either gonorrhea or syphilis, who must you see? **disease intervention specialist**

Why? **to aid bringing your contact(s) in and to answer your questions**

10. If treatment is indicated, most medicines prescribed are available at what cost to you? **no extra cost**

11. If you are an STD patient, what can you do to help fight STD's?

- **[H]**ave follow-up, if infected
- **[E]**ncourage sex partner(s) to seek medical care
- **[L]**earn how to and take all medicines
- **[P]**ractice ways to avoid STD's

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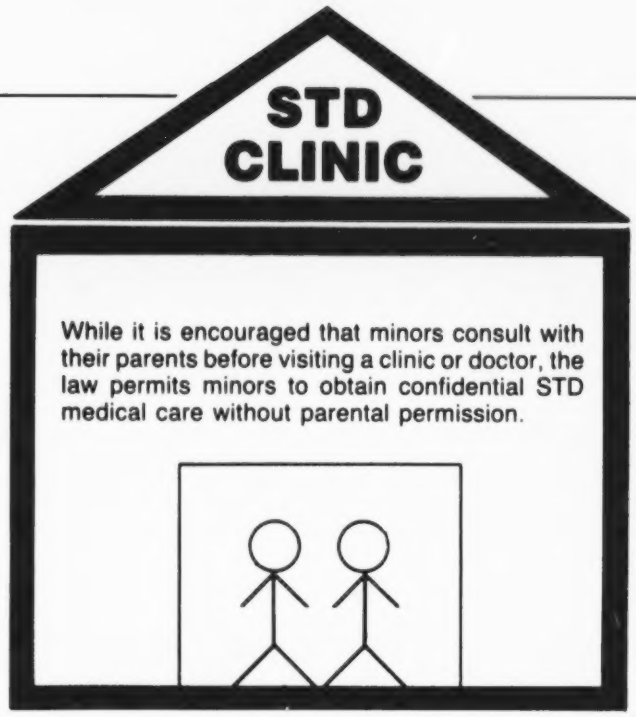
STD Clinic Visit


STD
CLINIC
While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

You have just received a sheet of paper requesting pertinent information that will help us to make a medical chart for you. After filling that in, please return to the front desk. You have also received a number. This is the number that the medical staff will use to call you into the back where your exam will be done. You will not be called by your name.

Please notice, on the bottom of the information sheet there is a statement giving our medical staff your permission to treat you for whatever problems we find as well as your permission to complete whatever tests they find necessary to make a diagnosis. Your signature on the bottom of that information sheet is your approval.

Have a seat in the lobby after you return the information sheet to the front desk. While you are waiting, our clerk is making up your medical chart, and it will be given to the medical staff when it is completed.

You will be called in numerical order by the medical staff into one of the examining rooms. At that time a blood sample will be taken from your arm. This is a routine screening test for syphilis that is done on **all** of our patients. The only exceptions to this test are patients who are returning to the clinic in less than a month for tests of cure, who do not have any new problems. Results of this test take 3 to 4 days.

After your blood test is obtained, a clinician will take a history from you concerning your present problem. This history asks a few very personal questions about your recent sexual history. It is extremely important that you be as truthful as you can. It is important in making an accurate diagnosis of your problem. If there is any additional information that you think is important, such as other medical problems, present medications or recent visits to a doctor, please inform your clinician even if he/she does not specifically ask.

Your physical examination will be done by this clinician as well. Routinely, gonorrhea cultures and smears for gram stains are obtained on both males and females.

After obtaining the required specimens, they will be taken to the lab. Males, please do not urinate before seeing the clinician because you may wash away the necessary secretions which will aid us in making your diagnosis. For our female patients, the bladder should be emptied before you are examined, but do not douche. Just tell the clinician to direct you to the restroom **after the history is taken**.

Evaluating your lab work and consulting the physician, under normal circumstances, should take no more than one or two hours. Some patients with special problems may cause slight delays in services. Please be patient should this affect your visit time. If you are diagnosed as having gonorrhea or syphilis it is necessary that you see a **Disease Intervention Specialist** who will aid you in bringing your sexual contacts to the clinic for treatment. Everyone with a diagnosis of syphilis or gonorrhea **must** be seen by a **Disease Intervention Specialist**. The **Disease Intervention Specialist** is also available to answer any of your questions concerning your visit.

Most medicines prescribed for you will be available at our pharmacy at **no extra cost to you**. Please make certain that you understand how your medications are to be taken before you leave. This can be discussed with either the clinician, **Disease Intervention Specialist** or the pharmacist. If you have problems with your medications after you begin taking them, you should call the clinic and talk with a clinician.

Thank you for your patience in reading this. We at the STD Clinic hope that the information discussed in this hand-out will help make this and any return clinic visits easier for you.

If you are an STD patient, help fight STD's! Don't forget to:

- **[H]**ave follow-up, if infected
- **[E]**ncourage sex partner(s) to seek medical care
- **[L]**earn how to and take all medicines
- **[P]**ractice ways to avoid STD's

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STD Help Resources

TEACHER KEY

1. The Toll-free VD National Hotline is **1-800-227-8922**.
   The Toll-free AIDS National Hotline is **1-800-342-AIDS**.
   The Toll-free Spanish AIDS National Hotline is **1-800-344-SIDA**
   Call for latest information, the name of your nearest location for medical care, or just to talk to someone about STD's or AIDS.

2. The local VD Confidential Information phone number is _____

   The local AIDS Information phone number is _____

   > While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

3. Clinics in the area that offer confidential medical care are (call for information):

4. If I suspected that I had contact with a person with an STD, I would talk to _____

   because _____

   _____

   _____

   _____

5. For STD information and medical care, I would go to:

   Clinic or Doctor: _____

   Address: _____

   Phone: _____

   Draw a map on the back of this sheet outlining the way to get to your selected STD resource from your home or school.

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Action Plans For Persons with STD's

PLAN OF ACTION

TEACHER KEY

1. What *signs* would alert you to seek prompt medical care for an STD?
   - **[S]**kin changes (sores, rashes, bumps) around the genitals
   - **[I]**rritating (burning) urination
   - **[G]**enital itching
   - **[N]**oticeable pelvic pain (females)
   - **[S]**ex organs discharge(s)

   Will you always have signs if you contract an STD?
   - **[N]**o symptoms for many people yet they can transmit the disease(s)

2. Who can diagnose and care for persons with STD's?
   - **[O]**nly qualified health professionals

3. The three most important things to do if you suspect you made contact with a person with an STD are to:
   - **[A]**ttain prompt medical care and if infected, follow instructions
   - **[C]**ontact sex partner(s) to seek medical care
   - **[T]**alk with a qualified health professional about prevention

4. List some reasons why some persons with STD's do not seek prompt medical care and tell their sex partners.
   - **asymptomatic (no symptoms)**
   - **discrimination**
   - **fear**
   - **guilt**
   - **ignorance**
   - **misinformation**
   - **no money**
   - **shame**

5. What can be done to encourage these persons with STD's to seek help and tell their sex partner(s)?
   - **advertising (media)**
   - **awareness**
   - **education**
   - **emphasize moral responsibility**

6. To tell your sex partner(s) about you having an STD is difficult, but why is it so important?
   - **to help your sex partner(s) avoid complications of STD's**
   - **to protect yourself from possible reinfection**
   - **to break the STD chain of infection**

7. List some ways that you can lead into a conversation to tell your sex partner(s) about your STD problem.

   _____

   _____

   _____

8. If I suspected I contracted an STD, I would call _____ at _____ (phone number), located at _____ (address for help).

9. If I suspected that I contracted an STD, I would do these things in the following order.

   1. _____
   2. _____
   3. _____
   4. _____

10. If you are an STD patient, *help* fight STD's — Don't forget to:
    - **[H]**ave follow-up, if infected
    - **[E]**ncourage sex partner(s) to seek medical care
    - **[L]**earn how to and take all medicines
    - **[P]**ractice ways to avoid STD's

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STD Prevention Strategies

TEACHER KEY

1. Comment on the effectiveness of the following strategies for the *prevention* of STD's:
   - **[P]ractice abstinence (No Sex! No Drugs!):** • *the most effective way to prevent STD's* • *it's all right to say "NO!"* • *respect your partner's right to say "NO!"* • *Learn how to say "NO!"* • drugs and alcohol decrease your ability to make healthy decisions
   - **[R]esponsible sex behavior:** • refrain from sexual activity until as adults you are ready to establish a mutually faithful monogamous relationship such as in marriage • sexual behaviors have serious physical, mental and social implications and possible consequences
   - **[E]ducation:** • effective, if objective, factual, up-to-date and practiced
   - **[V]oluntary testing:** • the more sexually active you are, the more you need regular STD check-ups, for instance, several sex partners in a year may justify several STD check-ups in a year • if you have sex with a high risk partner(s), attain prompt medical care
   - **[E]xercise healthy behaviors:** • proper hygiene, good nutrition, adequate rest, physical exercise, stress reduction, and limiting toxic substances such as alcohol, tobacco and other drugs contribute to a healthy lifestyle • urinating and washing immediately after sex may be somewhat effective, especially for males, but don't count on it
   - **[N]ot cheating on your partner (mutual fidelity):** • very effective if both partners are not infected
   - **[T]reatment of partner(s):** • if you are infected, contact your partner(s) to seek medical care and talk with a qualified health professional about how to notify your sex partner(s).
   - **[I]dentify and reduce risks:** • avoid sexual contact with high risk individuals such as partners who have multiple sex partners, especially sexually active homosexual and bisexual men, intravenous drug abusers, prostitutes • do not abuse intravenous drugs, but if you do, do not share needles or syringes and enroll in a drug treatment program • if you are planning to have children and are at risk for STD's, see your clinic or doctor
   - **[O]bservation of partner and self:** • look for discharges • sores • rashes • warts • itching • what you see may be what you get • be wary • and remember a sex partner(s) may have no symptoms and yet transmit STD's to you
   - **[N]o risky sex or drug behavior:** • know your partner, talk and find out if he or she is at risk • avoid sexual contact with high risk individuals • be selective • limit the number of sex partners • avoid exchanging body fluids (blood, semen, vaginal secretions, urine, feces) • short of abstinence and knowing with absolute certainty that your partner is not at risk (that is, neither of you has had other sexual partners or has used illegal intravenous drugs for the last five years), *condoms (rubbers, prophylactics) offer the best protection* if used during (start to finish) sexual intercourse (vagina, mouth, rectum) • *but condoms are not 100% effective* because of possible breakage, incorrect use, and they only protect where they cover • sharing needles in intravenous drug abuse is a high risk behavior for acquiring the AIDS virus and other STD's

2. Can you think of any other effective and useful strategies to prevent STD? Name and discuss.

   _____

   _____

3. The best strategies to prevent STD's for a teenager are: _____

   _____

   _____

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TEACHER KEY

Condom Education

Condoms for Prevention of Sexually Transmitted Diseases

Preface: *Condom education is a very controversial subject in many areas. However, due to the fatal nature of AIDS, some communities are now teaching condom education. The 20th Annual Gallop Poll for Phi Delta Kappa found that 78% of adults in the U.S. approve that the local schools should teach "safe sex" (teaching the use of condoms) for AIDS prevention while only 16% oppose it. It is suggested that the educator work with the community to deliver educational messages that are locally determined, consistent with community values and appropriate to community needs.*

Introduction: Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies. Proper use of condoms with each act of sexual intercourse can reduce, **but not eliminate,** risk of STD. Individuals likely to become infected or known to be infected with human immunodeficiency virus (HIV) should be aware that condom use cannot completely eliminate the risk of transmission to themselves or to others.

The following **recommendations** for proper use of condoms to reduce the transmission of STD are based on current information:

Note: This summary includes data presented at a conference entitled "Condoms in the Prevention of Sexually Transmitted Diseases" sponsored by the American Social Health Association, Family Health International, and the Centers for Disease Control and held in Atlanta, Georgia, February 20-21, 1987 and printed in the CDC MMWR March 11, 1988/vol 37/No 9.

1. Latex condoms should be used because they offer greater protection against viral STD than natural membrane condoms.
2. Condoms should be stored in a cool, dry place out of direct sunlight.
3. Condoms in damaged packages or those that show obvious signs of age (e.g. those that are brittle, sticky or discolored) should not be used. They cannot be relied upon to prevent infection.
4. Condoms should be handled with care to prevent puncture.
5. The condom should be put on before any genital contact to prevent exposure to fluids that may contain infectious agents. Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped in the tip of the condom.
6. Adequate lubrication should be used. If exogenous lubrication is needed, only water-based lubricants should be used. Petroleum or oil-based lubricants (such as petroleum jelly, cooking oils, shortening, and lotions) should not be used since they weaken the latex.
7. Use of condoms containing spermicides may provide some additional protection against STD. However, vaginal use of spermicides along with condoms is likely to provide greater protection.
8. If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage, the immediate use of spermicide has been suggested. However, the protective value of postejaculation application of spermicide in reducing the risk of STD transmission is unknown.
9. After ejaculation, care should be taken so that the condom does not slip off the penis before withdrawal; the base of the condom should be held while withdrawing. The penis should be withdrawn while still erect.
10. Condoms should never be reused.

Teacher Note: Research indicates that the reading level of the information included by the condom manufacturers often is that of a high school graduate. Therefore it is the responsibility of the educator to teach in a language that the students can understand.

Last Thought: Surgeon General C. Everett Koop has said, concerning condom education, that it "might offend some people, and I'm sorry about that. I wish this wasn't necessary to talk about, but it is, and we can't let people die in ignorance."

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PREPARING SAYING NO SKILLS

More than fears and facts are needed to say, "**NO!**" One needs prevention skills to be psychosocially "innoculated" from the pressures which encourage unhealthy behaviors.

To effectively fight the pressures you must first prepare some **Saying NO Skills** to prevent unhealthy behaviors before the situations arise. Here are some strategies.

Decision Making

Make a Decision to Say "**NO!**" Using These Easy Steps:

1. **You are offered a choice.**
2. **You look at all the reasons to say, "YES!"; to say, "NO!"**
3. **You consider the consequences of your decisions.**
4. **You make your decision.**
5. **You evaluate your decision.**

Use common sense and try to avoid situations where you must say, "**NO!**" such as being alone with someone you don't trust or being with people who may expect unhealthy behavior from you.

Write out your decision steps here for a say "**NO!**" **situation.**

1. **You are offered a choice to** _____
2. _____
3. _____
4. _____
5. _____

Assertive Communication

Say What You Mean and Mean What You Say

Once you have made your decision, you need to be able to communicate it clearly and assertively.

Here are some tips:

- **Say, "NO!" as soon as possible**
- **Be direct**
- **Be firm**
- **Be calm**
- **Be honest**
- **Be brief**
- **Don't apologize**
- **Look the person in the eyes**
- **Look as if you mean it**
- **Use a clear, loud voice**
- **And don't make up reasons; you might get caught!**

Reducing Nervousness Technique

Sometimes you may have thought out your decision about saying "**NO!**" but the situation makes you nervous and you need to relax. Try this technique. It only takes about 10 seconds and you can do it anywhere.

1. **As soon as you feel nervous, say to yourself, "This is a stupid thing to do to my body."**
2. **Take a deep breath slowly.**
3. **Think about the nervousness in your head and as you breathe slowly out, imagine the nervousness "flowing" out through your mouth.**
4. **Take a second deep breath slowly.**
5. **Now think about the nervousness in your body, and as you breathe out, imagine the nervousness "flowing" out through your hands and feet.**

With practice this technique can become automatic and very effective in helping you to control any nervous situations.

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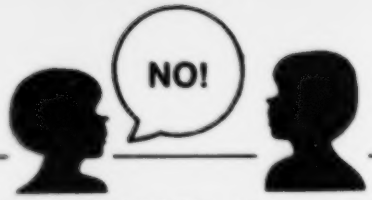
PRACTICING SAYING NO SKILLS



Even though you have prepared your **Saying NO Skills**, it is necessary to practice them to prepare for real-life, on-the-spot situations where you are pressured to do unhealthy behaviors.

Individual Activities
Be prepared! Write out responses (counter-arguments) to these arguments:

Arguments	Your Responses
1. Everyone is doing it.	**NO! Not true. I'm not.**
2. You would if you loved me.	**NO! If you loved me you wouldn't pressure me.**
3. It makes you mature.	**NO! Mature means making wise decisions, not doing things with possible serious consequences.**
4. It's fun because you're not supposed to.	**NO! It's not fun to possibly hurt my health or my family if I get caught.**
5. If you don't say, "Yes," I'm leaving.	**NO! If that's all you want, then good-bye.**
6. Drugs help you enjoy life.	**NO! Drugs decrease your ability to make healthy decisions, communicate effectively and to cope with stress.**
7. Why do you say, "**NO**"?	**It's my right to say, "No", anytime I want (even if I said, "Yes," in the past.)**

Group Activities
Now form groups of two or more and practice verbally responding to a role-playing situation which pressures you to do something you don't want to do. You can use the above arguments or create new ones. Students should exchange roles. As you go through this exercise, remember to practice your communication skills and say what you mean and mean what you say. If you get nervous, practice the reducing nervousness technique.

If possible, videotape and play back for class evaluation so that the students may prepare, practice, evaluate and reformulate **Saying NO Skills.**

Why Should You Use Your Saying NO Skills?
Standing up for what you want can help you feel good about yourself. How do you feel when someone else tells you what to do, especially when you do not want to do it?

List some reasons why people enjoy making their own decisions and sticking to them.

- **To be in control of their lives**
- **Helps get what you want**
- **Helps avoid misunderstandings**
- **People respect you for standing up for what you believe in**
- **Helps you create a better self-image**

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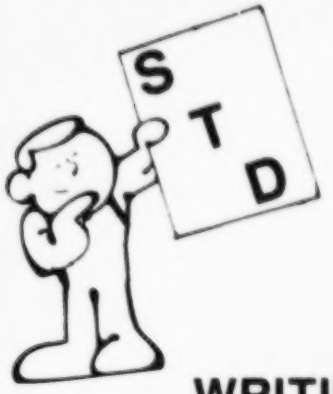
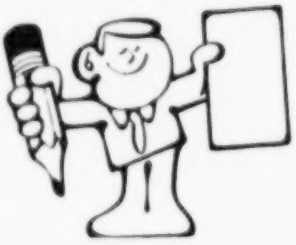
Creative Ideas for STD Education Activities

POSTER IDEAS



Have your students create a poster with an STD message. Give credit for ingenuity, cleverness, artistic ability, etc. Example: "STD means Seek Treatment without Delay" or "For STD Pain, relief is spelled Prompt Medical Diagnosis and Treatment."

WRITING ASSIGNMENTS



- This writing activity may act as an "icebreaker and closure technique" for your STD classroom activities.
  This activity involves students writing a "Dear Abby" type letter concerning an STD situation. The students then exchange letters with someone nearby and both write the "Dear Abby" type of reply. The two students then discuss the letters and advice given to each other. Classroom discussions may follow.

  At the end of the STD education program have the same students discuss once again the letters in light of their learning experiences. Classroom discussions may focus on highlights of these learning experiences.
- Have your students write a short story or poem with an STD message. Example:

  "Times were when some diseases were called VD's
  But nowadays the proper term seems to be STD's
  However the damage by them is still being done
  And no matter how you call them, they still are no fun."

  This above example is a good one to give to your students, because I'm sure they can do no worse!
- Have students complete the activity worksheet "Choose an STD and Complete This Short Story About an STD Called _____" and/or "Being an STD Teacher."

MULTI MEDIA

- Produce a TV public service announcement concerning STD's. Write a script, create a visual, and if possible actually present a TV message while recording it on a video recorder. If you can make a video, replay it and discuss its effectiveness.
- Produce a slide-cassette program. Have students write the script, take the pictures, and record the audio. This can be very inexpensive (film, developing of slides and cassette tape for less than $10). This project can be very educational, worthwhile and satisfying to the students involved. Additionally this project is often quite effective to other students who see their friends in the slides. A sample script produced by 9th graders is enclosed.

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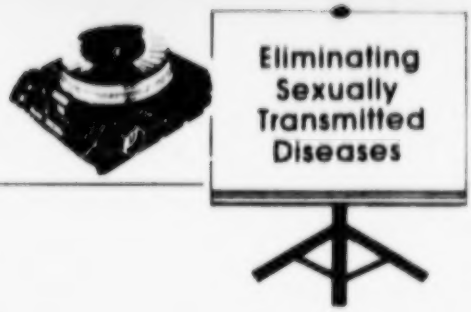
A Sample Script For An STD AV Program



SPEAKER	DIALOGUE
	Eliminating Sexually Transmitted Diseases
Students	Hey! _____ (Teacher), are you still here?
Students	Yeah, we were on the field trip today and missed our health class.
Teacher	**I can't hear you — turn down that tape. What can I do for you?**
Student	What did you talk about today in Health?
Teacher	**Communicable diseases.**
Student	What are communicable diseases?
Teacher	**A communicable disease is one that you give or get from somebody.**
Student	Measles is a communicable disease.
Teacher	**STD's are communicable diseases.**
Student	What are STD's?
Teacher	**STD's are sexually transmitted diseases, formerly called VD.**
Student	How do you get an STD?
Teacher	**STD's follow a communicable disease chain of infection, and you usually get them from intimate, sexual contact and/or intravenous drug abuse.**
Student	How do you know if you have STD's?
Teacher	**Symptoms may include painful urination, unusual discharges from the sex organs, skin changes, pelvic pain and itching, but many people are asymptomatic (no symptoms).**
Student	What can these STD's do to you?
Teacher	**Complications may include sterility, ectopic pregnancy, mother-to-newborn infections and even death.**
Student	Where can you go for help if you suspect you have an STD?
Teacher	**Clinic or Doctor:** _____
	Address: _____
	Phone: _____
Student	How can I avoid getting STD's?
Teacher	**Prevention includes • Abstinence — Say NO to Sex, NO to Drugs • Responsible Sex Behavior • Have regular STD checkups • Make sure your partners(s) are tested if you are infected.**
	Are there any more questions? It's getting late. Let's go home.
Students	Thanks — later!

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Shaking STD's

TEACHER KEY

Objective: To illustrate through a simulated activity how STD's (1) are transmitted, (2) are not transmitted, and (3) ways to reduce risks of infection.

Materials: 3 x 5 cards
Pencils

Activity:
1. Hand out 3 x 5 cards to participants and number 1 - 2 - 3 - 4 - 5.
2. 5 cards have special instructions on back.

Person 1 - Do ***Not*** shake hands
Person 2 - Shake hands only with Person #3
Person 3 - Shake hands only with Person #2
Person 4 - Shake hand only with a glove on your hand.
Person 5 - After you shake hands, sign the card as Person 5 and tell that person to sign all future cards as Friend of Person 5.

3. Instructions to Group

Each participant is to go and introduce him/herself to another, shake their hands, and sign each other's card. Repeat this for 4 rounds and please sit down.

Discussion:

1. For this activity, shaking hands is symbolic of having sexual contact.
2. Person 1 was instructed not to shake hands with anyone. This person was symbolically practicing ***abstinence***.
3. Persons 2 and 3 were instructed to shake hands only with each other. They were symbolically practicing monogamy.
4. Person 4 was instructed to only shake hands with a glove on his/her hand. This person was symbolically practicing a barrier method, such as a condom.
5. Person 5 symbolically had an STD. He/She signed cards as Person 5 and told those people to sign others' cards as friend of Person 5.

What does it mean?

Person 1, 2, and 3 would not transmit the disease since STD's are prevented with abstinence and monogamous relationships. Person 4 risks of infection were reduced but not eliminated by the use of a barrier method such as the glove which was symbolic of a condom.

Person 5 exposed his/her contacts to STD's.

STD Transmission:

1. Person 5, please stand up.
2. Everyone now look at your 3 x 5 cards.
3. Look at Round 1. If your card says Person 5, please stand up.
4. Look at Round 2. If your card says Person 5 or Friend of Person 5, please stand up.
5. Look at Round 3. If your card says Person 5 or Friend of person 5, please stand up.
6. Look at Round 4. If your card says Person 5, or Friend of Person 5, please stand up.
7. Look at Round 5. If your card says Person 5, or Friend of Person 5, please stand up.

***Note** Not everyone exposed to an STD infected person will contract an STD, but sometimes only one contact is necessary. Rates of infections depend on the particular STD, the type of sexual contact, the sex of the participants, the number of participants, other STD's acting as co-factors, geographic locations, sexual history of partners, as well as other factors.

Going Further

1. Ask the persons standing, "How do you feel about being infected?" (surprised, embarrassed, angry, etc.?).
2. Ask Person 1, "How did you feel when others tried to shake your hand and you couldn't respond?" (rejected, foolish, bashful, etc.?).
3. Ask Persons 2 and 3, "How did you feel when you could only shake hands with each other?" (left out, rejected, special, etc.?).
4. Ask Person 4, "How did others respond to the glove on your hand when you shook hands?" (surprised, questioned, reluctant to shake hand, etc.?).
5. Ask Person 5, "How did you feel knowing you possibly infected all these people?" (embarrassed, sorry, didn't know what he/she was doing, etc.).
6. When did this STD really start to be transmitted?
7. Discuss the effectiveness of the following methods to reduce the risks of STD infection:
   - **abstinence:** best, most effective, way
   - **monogamy:** effective if neither is already infected
   - **limited number of partners:** reduce
   - **limit partners who have multiple partners:** reduce
   - **condoms:** reduce but do not eliminate possibility of infection.

*This basic activity has been around for years in various formats. Thanks to Kitty Stofsick, AIDS Consultant, Ohio Department of Education, for giving the spark for this latest version.

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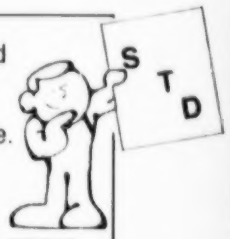
Being An STD Teacher



You have just finished learning about STD's in your classes at school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite new albums he asks you what you were studying in school that was interesting. You say, "STD's," and the following conversation takes place.

YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
What are STD's?	**Sexually transmitted diseases**
Why did you study them?	**Reasons include legal, statistical, educational and human**
How do you get STD's?	**STD's follow a communicable disease chain of infection and you get them usually by intimate, sexual contact and/or intravenous drug abuse**
How do you know if you have one?	**Common symptoms may include:** • **[S]**kin changes around genitals • **[I]**rritating (burning) urination • **[G]**enital itching • **[N]**oticeable pelvic pain • **[S]**ex organ discharge(s) • **[N]**o symptoms for many people yet they can transmit the disease • **[O]**nly qualified health professionals can diagnose and treat STD's
What should you do if you suspect you have an STD?	• **[A]**ttain prompt medical care and if infected, follow instructions • **[C]**ontact sex partner(s) to seek medical care • **[T]**alk with a qualified health professional about prevention
If you don't get treatment for STD's what can they do to you?	**Some serious complications include:** • **[D]**eath • **[E]**motional (fear, shame, guilt) • **[A]**ffects newborns if mother infected • **[T]**ubal (ectopic) pregnancy • **[H]**ave risk of sterility (inability to reproduce)
Where can you go for help for STD's?	**Clinic or Doctor:** _____ **Address:** _____ **Phone:** _____
But what if you're a minor?	**While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission**
I really don't want to get an STD; what can I do to prevent them?	**Prevention strategies involve:** • **[P]**ractice abstinence (No Sex! No Drugs!) • **[R]**esponsible sex behavior • **[E]**ducation • **[V]**oluntary testing • **[E]**xercise healthy behaviors • **[N]**ot cheating on partner • **[T]**reatment of partner(s) • **[I]**dentify, reduce risks • **[O]**bservation of partner, self • **[N]**o risky sex or drug behaviors

Wow! You sure learned a lot about STD's. Thanks for the information. By the way, did you ever think about being an STD teacher? See you in school tomorrow.

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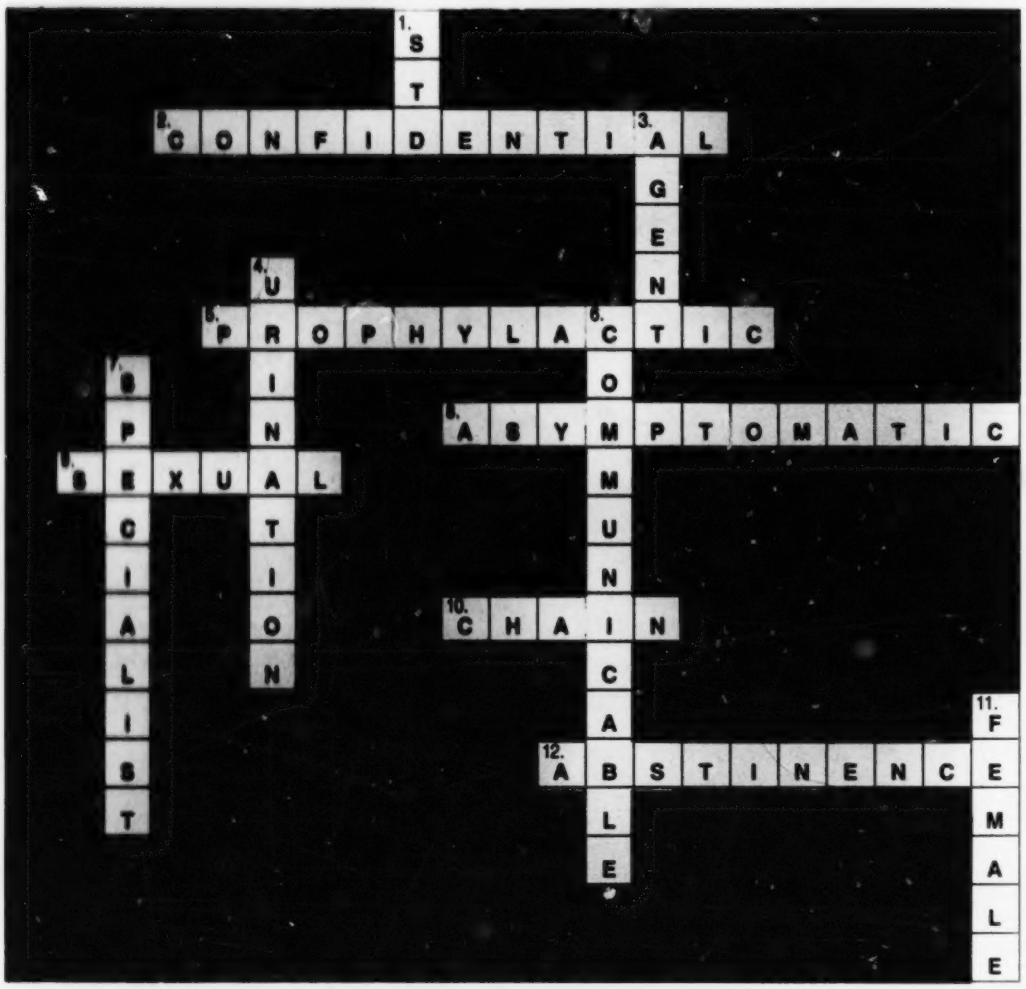
COMMUNICABLE DISEASE CROSSWORD

Solve This Disease Puzzle
With The Clues Below


1. S T
2. C O N F I D E N T I
3. A L G E N
4. U
5. P R O P H Y L A
6. C T I C
7. S P
8. A S Y M P T O M A T I C
9. S E X U A L
10. C H A I N
11. F E M A L E
12. A B S T I N E N C
I N
T I O N
O
M U N
C A
L E
C I A L I S T

CLUES

DOWN

1. NEW ABBREVIATION FOR VD.
3. GERM
4. STD SYMPTOM, PAINFUL _____.
6. STD's ARE _____ DISEASES.
7. DISEASE INTERVENTION _____.
11. OFTEN NO SYMPTOMS

ACROSS

2. TREATMENT IN A CLINIC IS _____.
5. EFFECTIVE AGAINST MOST STD's
8. NO SYMPTOMS
9. CONTACT WHICH USUALLY SPREADS STD's
10. CYCLE OF DISEASE MAY BE SEEN AS A _____ OF INFECTION.
12. NO SEX.

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TEACHER KEY

STD Word Fill-In

Epidemiologist

BE AN EPIDEMIOLOGIST (DISEASE DETECTIVE) AND USE THESE CLUES TO FIND THE KEY WORD IN BREAKING THE CHAIN OF INFECTION.

CLUES

1. ***s y p h i l i s*** (1.) — a non-itchy rash occurs in the second stage of this disease.

2. ***h e r p e s*** (2.) — a disease which may be triggered by emotional upset.

3. ***u r e t h r i t i s*** (3.) — twice as common as gonorrhea non-gonococcal _____ .

4. ***r e s e r v o i r*** (4.) — any place germs can survive.

5. ***l i c e*** (5.) — found in pubic hair.

6. ***v a g i n i t i s*** (6.) — common female infection.

7. ***w a r t s*** (7.) — treatment includes electrosurgery.

8. ***A I D S*** (8.) — fatal and no cure.

9. ***g o n o r r h e a*** (9.) — an antibiotic resistant strain presents treatment problems.

10. ***c a n d i d i a s i s*** (10.) — yeast infection.

KEY WORD IN BREAKING THE CHAIN OF INFECTION:

P	***R***	***E***	***V***	***E***	***N***	***T***	***I***	***O***	***N***
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

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Student Activities

Page

Introduction

- STD Awareness Worksheet (No Teacher Key) 4-1.a
- Why Teach STD's? 4-1.b
  (See page 1-1 for Teacher Key)

STD Information

- Breaking Links in the Chain of Infection 4-2
- Possible Sites of STD Infections (Male) 4-3
- Possible Sites of STD Infections (Female) 4-4
- Reproduction Master for Disease Fact Sheet 4-5
  (to use with disease(s) you decide to teach)

Action Plans

- A Walk through an STD Clinic 4-6
- STD Help Resources 4-7
- Action Plans for Persons with STD's 4-8

Prevention Strategies

- STD Prevention Strategies 4-9
- Preparing Saying NO Skills 4-10
- Practicing Saying NO Skills 4-11

Creative Ideas for STD Education Activities

- Being an STD Teacher 4-12
- Short Story about the STD Called _____ 4-12.a
  (No Teacher Key)
- Communicable Disease Crossword 4-13
- STD Word Fill-In 4-14

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STD Awareness

Name _____
Date _____

1. When I think of STD's, I think of _____

_____

2. When and where did you first learn about STD's?

when _____

where _____

3. How would you feel if you found out that you had contracted an STD? _____

_____

4. What do you feel are some of the worst complications which can result from STD's?

_____

_____

5. How would you feel if a doctor told you that you could not have a child because you had an untreated STD? _____

_____

6. Since STD's are preventable, why are so many people infected? _____

_____

7. More people would know about and what to do about STD's if we _____

_____

8. Things about STD's that I would like to know more about are: _____

_____

_____

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Name _____
Date _____

Why Teach STD's

1. A **legal** reason to teach STD's is: _____

2. Some **statistics** that demonstrate the need for STD education are: _____

3. An **educational** reason to teach STD's is: _____

4. **Human** concerns that justify the teaching of STD's are: _____

5. I believe that the best reason to teach about STD's is: _____

The United States Public Health Service has emphasized the need for STD education for students by declaring a 1990 STD Health Education Objective which states that _____

• • • • •

The Surgeon General has emphasized the need for AIDS education for students by urging schools and parents to teach about _____

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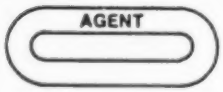
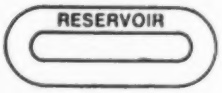
Name _____
Date _____

Breaking Links in the Chain of Infection

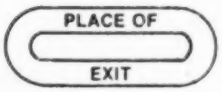
The six links in the Chain of Infection are:



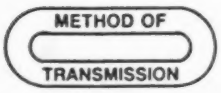
AGENT: _____



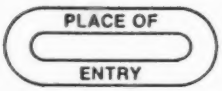
RESERVOIR: _____



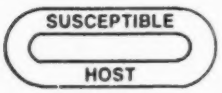
PLACE OF EXIT: _____



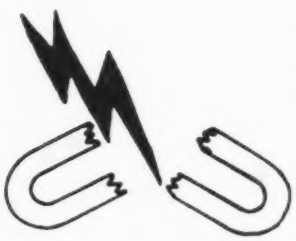
METHOD OF TRANSMISSION: _____



PLACE OF ENTRY: _____



SUSCEPTIBLE HOST: _____



BREAKING LINKS IN THE CHAIN OF INFECTION INCLUDE:

_____

_____

_____

_____

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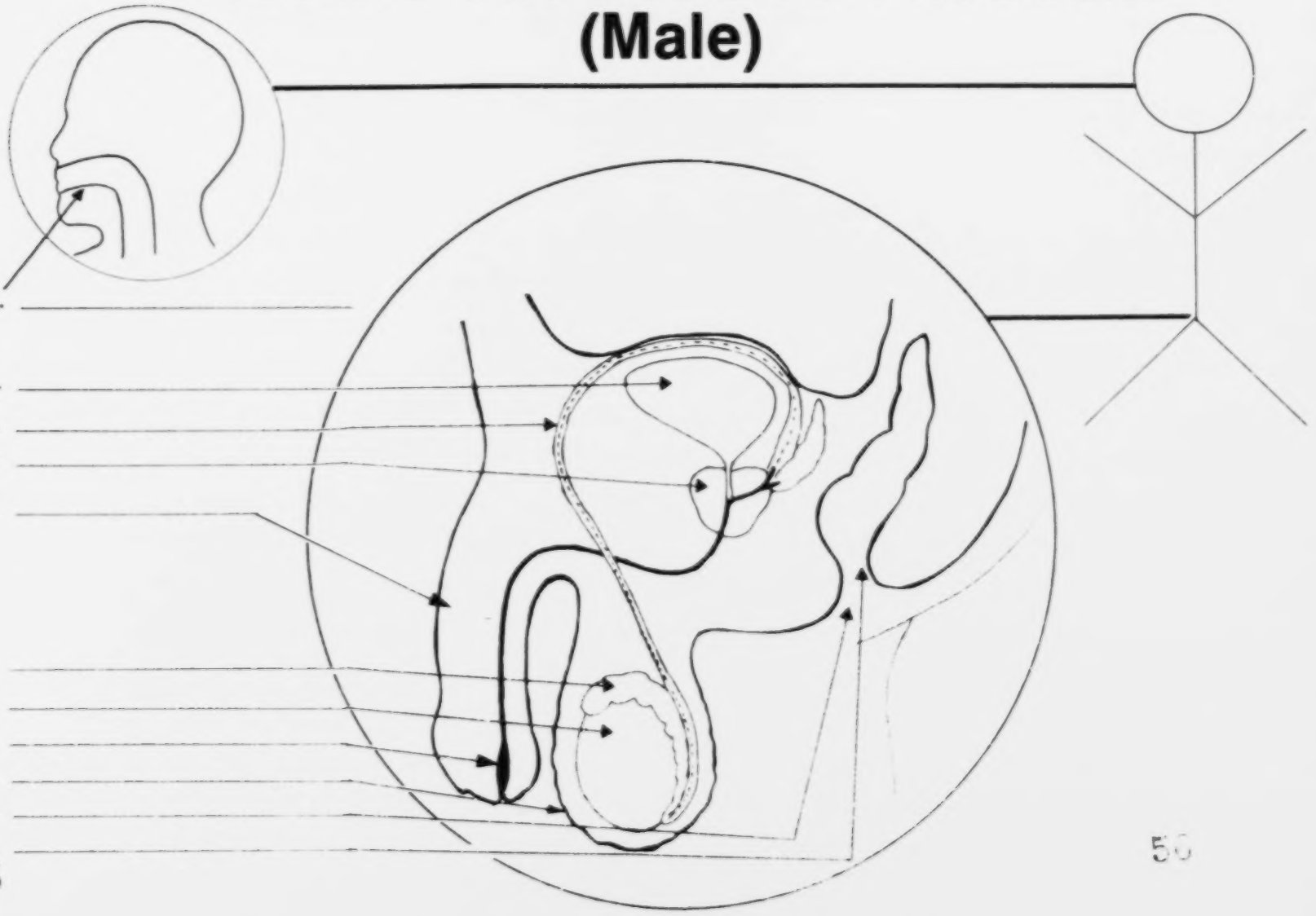
Name _____
Date _____

Possible Sites of STD Infections (Male)



11. _____

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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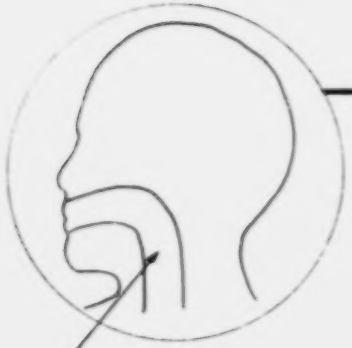
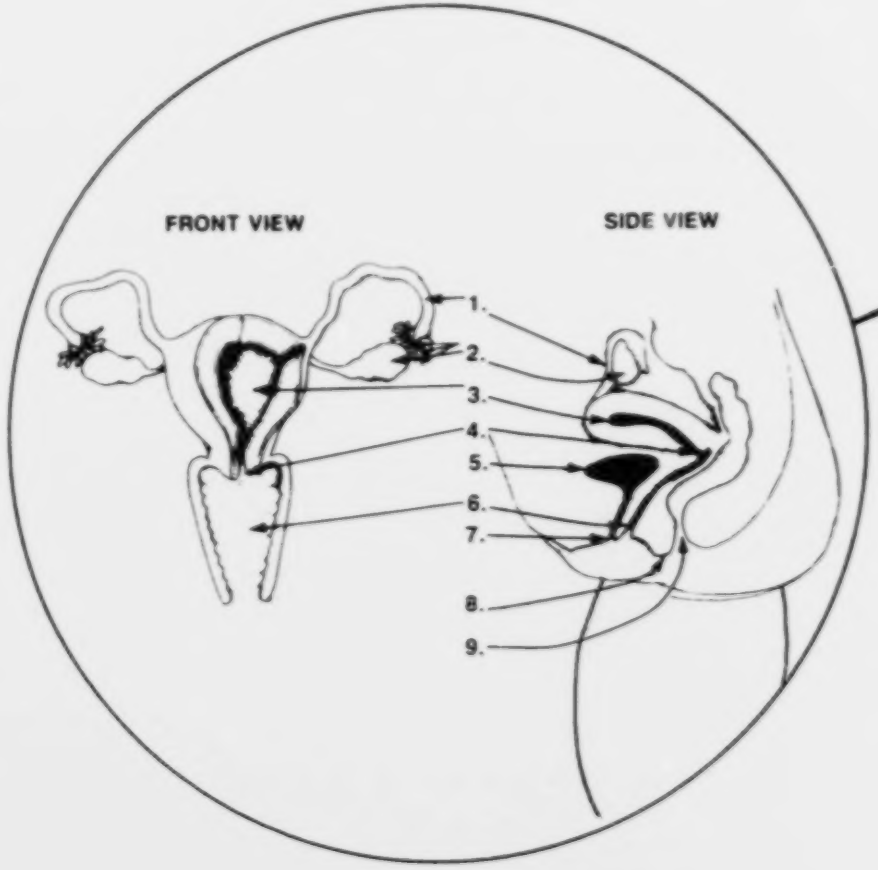
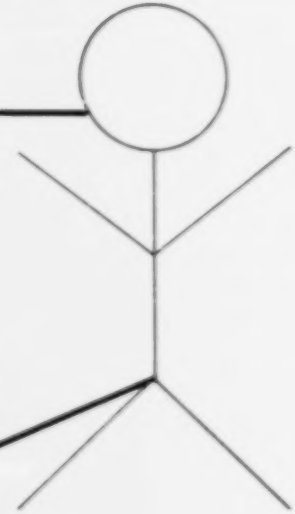
Name _____
Date _____

Possible Sites of STD Infections (Female)



10. _____





1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____
9. _____

4-4

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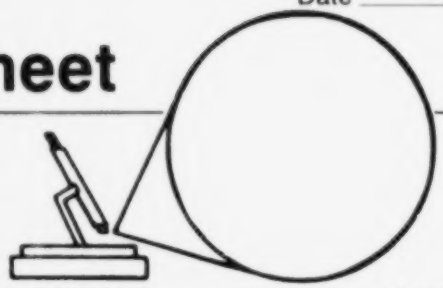
Name _____

Date _____

Disease Fact Sheet

PLEASE WRITE ON BACK IF MORE ROOM IS NEEDED.



_____
(Name of Disease)

DESCRIPTION

SYMPTOMS

COMPLICATIONS

AGENT

RESERVOIR

PLACE OF EXIT

METHOD OF TRANSMISSION

PLACE OF ENTRY

SUSCEPTIBLE HOST

BREAKING THE CHAIN OF INFECTION

IF SUSPECTED, ONE SHOULD:

PREVENTION INVOLVES:

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Name _____

Date _____

A Walk Through an STD Clinic

While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

How will you be identified in the clinic visit? _____

How do you give the medical staff permission to treat you? _____

What routine screening test will be done first? _____

_____

What follows the blood test? _____

Who will do the physical examination? _____

Routine cultures for women and smears for gram stains for men are obtained to check for what disease? _____

What should males **not** do and females do before seeing the clinician for diagnosis? _____

Evaluation and consulting the physician under normal circumstances should take no more than how long? _____

If you are diagnosed as having either gonorrhea or syphilis, who must you see? _____

Why? _____

If treatment is indicated, most medicines prescribed are available at what cost to you? _____

If you are an STD patient, what can you do to help fight STD's?

[H] _____

[E] _____

[L] _____

[P] _____

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Name _____
Date _____

STD Help Resources

1. The Toll-free VD National Hotline is **1-800-** _____
   The Toll-free AIDS National Hotline is **1-800-** _____
   The Toll-free Spanish AIDS National Hotline is **1-800-** _____

2. The local VD Confidential Information phone number is _____.

   The local AIDS Information phone number is _____.

   > While the law permits minors to obtain confidential medical care without parental permission, it is recommended that minors consult with their parents before visiting a clinic or doctor.

3. Clinics in the area that offer confidential medical care are (call for information):

4. If I suspected that I contacted a person with an STD, I would talk to _____

   because _____

5. For STD information and medical care, I would go to:

   Clinic or Doctor: _____

   Address: _____

   Phone: _____

   Draw a map on the back of this sheet outlining the way to get to your selected STD resource from your home or school.

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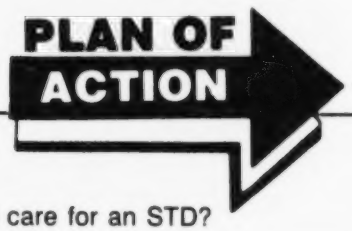
Name _____
Date _____

Action Plans For Persons with STD's



1. What *signs* would alert you to seek prompt medical care for an STD?
   [S] _____
   [I] _____
   [G] _____
   [N] _____
   [S] _____

   Will you always have signs if you contract an STD?
   [N] _____
2. Who can diagnose and care for persons with STD's?
   [O] _____
3. The three most important things to do if you suspect you made contact with a person with an STD are to:
   [A] _____
   [C] _____
   [T] _____
4. List some reasons why some persons with STD's do not seek prompt medical care and tell their sex partners.

   _____ _____
   _____ _____
   _____ _____
   _____ _____
5. What can be done to encourage these persons with STD's to seek help and tell their sex partner(s)?

   _____ _____
   _____ _____
6. To tell your sex partner(s) about you having an STD is difficult, but why is it so important?

   _____
   _____
   _____
7. List some ways that you can lead into a conversation to tell your sex partner(s) about your STD problem.

   _____
   _____
   _____
8. If I suspected I contracted an STD, I would call _____ at _____ (phone number), located at _____ (address for help).
9. If I suspected that I contracted an STD, I would do these things in the following order.
   1. _____
   2. _____
   3. _____
   4. _____
10. If you are an STD patient, *help* fight STD's — Don't forget to:
    [H] _____
    [E] _____
    [L] _____
    [P] _____

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Date _____

STD Prevention Strategies

1. Comment on the effectiveness of the following strategies for the *prevention* of STD's:
   - **[P]ractice abstinence (No Sex! No Drugs!):** _____
   - **[R]esponsible sex behavior:** _____
   - **[E]ducation:** _____
   - **[V]oluntary testing:** _____
   - **[E]xercise healthy behaviors:** _____
   - **[N]ot cheating on your partner (mutual fidelity):** _____
   - **[T]reatment of partner(s):** _____
   - **[I]dentify and reduce risks:** _____
   - **[O]bservation of partner and self:** _____
   - **[N]o risky sex or drug behavior:** _____
2. Can you think of any other effective and useful strategies to prevent STD? Name and discuss.
3. The best strategies to prevent STD's for a teenager are: _____

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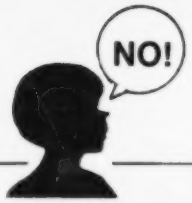
PREPARING SAYING NO SKILLS



More than fears and facts are needed to say, "NO!" One needs prevention skills to be psychosocially "innoculated" from the pressures which encourage unhealthy behaviors.

To effectively fight the pressures you must first prepare some **Saying NO Skills** to prevent unhealthy behaviors before the situations arise. Here are some strategies.

Decision Making

Make a Decision to Say **"NO!"** Using These Easy Steps:

1. _____
2. _____
3. _____
4. _____
5. _____

Use common sense and try to avoid situations where you must say, **"NO!"** such as being alone with someone you don't trust or being with people who may expect unhealthy behavior from you.

Write out your decision steps here for a say **"NO!"** situation.

1. You are offered a choice to _____
2. _____
3. _____
4. _____
5. _____

Assertive Communication

Say What You Mean and Mean What You Say

Once you have made your decision, you need to be able to communicate it clearly and assertively.
Here are some tips:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Reducing Nervousness Technique

Sometimes you may have thought out your decision about saying **"NO!"** but the situation makes you nervous and you need to relax. Try this technique. It only takes about 10 seconds and you can do it anywhere.

1. _____
2. _____
3. _____
4. _____
5. _____

With practice this technique can become automatic and very effective in helping you to control any nervous situations.

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Date _____

PRACTICING SAYING NO SKILLS

Even though you have prepared your **Saying NO Skills**, it is necessary to practice them to prepare for real-life, on-the-spot situations where you are pressured to do unhealthy behaviors.

Individual Activities
Be prepared! Write out responses (counter-arguments) to these arguments:

Arguments	Your Responses
1. Everyone is doing it.	1. _____
2. You would if you loved me.	2. _____
3. It makes you mature.	3. _____
4. It's fun because you're not supposed to.	4. _____
5. If you don't say, "Yes," I'm leaving.	5. _____
6. Drugs help you enjoy life.	6. _____
7. Why do you say, **"NO"?**	7. _____

Group Activities
Now form groups of two or more and practice verbally responding to a role-playing situation which pressures you to do something you don't want to do. You can use the above arguments or create new ones. Students should exchange roles. As you go through this exercise, remember to practice your communication skills and say what you mean and mean what you say. If you get nervous, practice the reducing nervousness technique.

If possible, videotape and play back for class evaluation so that the students may prepare, practice, evaluate and reformulate **Saying NO Skills.**

Why Should You Use Your Saying NO Skills?
Standing up for what you want can help you feel good about yourself. How do you feel when someone else tells you what to do, especially when you do not want to do it?

List some reasons why people enjoy making their own decisions and sticking to them.

- _____

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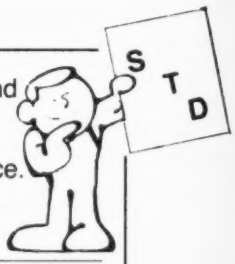
Being An STD Teacher



You have just finished learning about STD's in your classes at school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite new albums he asks you what you were studying in school that was interesting. You say, "STD's," and the following conversation takes place.

YOUR FRIEND'S QUESTIONS **YOUR ANSWERS**

What are STD's? _____

Why did you study them? _____

How do you get STD's? _____

How do you know if you have one?
- **[S]** _____
- **[I]** _____
- **[G]** _____
- **[N]** _____
- **[S]** _____
- **[N]** _____
- **[O]** _____

What should you do if you suspect you have an STD?
- **[A]** _____
- **[C]** _____
- **[T]** _____

If you don't get treatment for STD's what can they do to you?
- **[D]** _____
- **[E]** _____
- **[A]** _____
- **[T]** _____
- **[H]** _____

Where can you go for help for STD's?

Clinic or Doctor: _____

Address _____

Phone _____

But what if you're a minor? _____

I really don't want to get an STD; what can I do to prevent them?
- **[P]** _____
- **[R]** _____
- **[E]** _____
- **[V]** _____
- **[E]** _____
- **[N]** _____
- **[T]** _____
- **[I]** _____
- **[O]** _____
- **[N]** _____

Wow! You sure learned a lot about STD's. Thanks for the information. By the way, did you ever think about being an STD teacher? See you in school tomorrow.

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Name _____

Date _____

CHOOSE AN STD AND COMPLETE THIS SHORT STORY ABOUT AN STD CALLED _____
(choose an STD)

This is a story about Chris and Pat and the STD _____ .
(pick a disease)

Chris and Pat went on a date to the movie and then to a fast food restaurant. Afterwards they went back to Pat's house and ended up having sex.

After a period of time Chris noticed these signs _____ on
(symptoms)

_____ and Pat noticed these signs _____ on
(part of the body) (symptoms)

_____ .
(part of the body)

Because both of them had studied STD education in school, both Chris and Pat knew to do these three things: _____ , _____ ,

and _____ .

In order to tell Pat, Chris planned to call and say, " _____

_____ ."

In order to tell Chris, Pat planned to call and say, "_____

_____ ."

They went to an STD clinic where a disease intervention specialist explained to each of them that since an STD must be contracted from an infected person, all their contacts should be _____ .

The doctor treated them for _____ . She described it as an
(name disease)

STD _____ .
(description of disease)

She told them that it was caused by _____ and explained
(agent)

that this disease had possible complications including: _____

_____ .

To help break the chain of infection for the disease _____
(name disease)

the doctor suggested the following prevention strategies: _____

_____ .

Hopefully the experience of Chris and Pat in this short story will give you the knowledge and skills needed for realistic decision making regarding the STD called

_____ . ***THE END***

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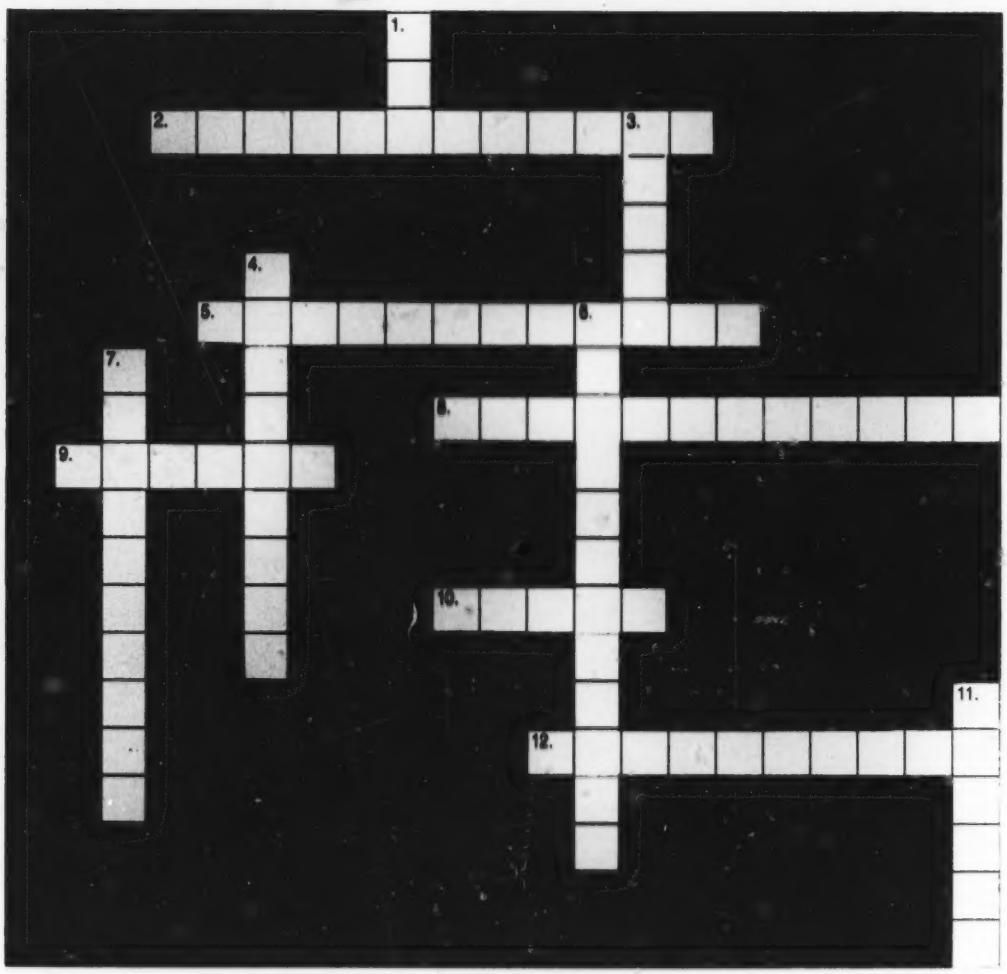
Name_____
Date _____

COMMUNICABLE DISEASE CROSSWORD

Solve This Disease Puzzle
With The Clues Below



CLUES

DOWN

1. NEW ABBREVIATION FOR VD.
3. GERM
4. STD SYMPTOM, PAINFUL _____.
6. STD's ARE _____ DISEASES.
7. DISEASE INTERVENTION _____.
11. OFTEN NO SYMPTOMS

ACROSS

2. TREATMENT IN A CLINIC IS _____.
5. EFFECTIVE AGAINST MOST STD's
8. NO SYMPTOMS
9. CONTACT WHICH USUALLY SPREADS STD's
10. CYCLE OF DISEASE MAY BE SEEN AS A _____ OF INFECTION.
12. NO SEX.

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Name _____
Date _____

STD Word Fill-In

Epidemiologist

BE AN EPIDEMIOLOGIST (DISEASE DETECTIVE) AND USE THESE CLUES TO FIND THE KEY WORD IN BREAKING THE CHAIN OF INFECTION.

CLUES

1. _ _ _ _ _ _ _ _ _ (1.) — a non-itchy rash occurs in the second stage of this disease.

2. _ _ _ _ _ _ (2.) — a disease which may be triggered by emotional upset.

3. _ _ _ _ _ _ _ _ _ _ _ (3.) — twice as common as gonorrhea non-gonococcal _____ .

4. _ _ _ _ _ _ _ _ _ _ (4.) — any place germs can survive.

5. _ _ _ _ _ (5.) — found in pubic hair.

6. _ _ _ _ _ _ _ _ _ _ (6.) — common female infection.

7. _ _ _ _ _ _ (7.) — treatment includes electrosurgery.

8. _ _ _ _ (8.) — fatal and no cure.

9. _ _ _ _ _ _ _ _ _ _ (9.) — an antibiotic resistant strain presents treatment problems.

10. _ _ _ _ _ _ _ _ _ _ _ _ (10.) — yeast infection.

KEY WORD IN BREAKING THE CHAIN OF INFECTION:

_ _ _ _ _ _ _ _ _ _
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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STD Pre/Post Questionnaire-Part A

What Do You Know?

1. STD stands for **sexually transmitted diseases,** formerly called VD for venereal disease.
2. What are four reasons for studying STD's? • **legal** • **statistical** • **educational** • **human**
3. Name the six links in the chain of infection: • **agent** • **reservoir** • **place of exit** • **method of transmission** • **place of entry** • **susceptible host**
4. How are STD's usually spread? **intimate sexual contact and/or intravenous drug abuse**
5. What are five common symptoms or *signs* of STD's?
   - **[S]**kin changes (sores, rashes, bumps) around the genitals
   - **[I]**rritating (burning) urination
   - **[G]**enital itching
   - **[N]**oticeable pelvic pain (females)
   - **[S]**ex organs discharge(s)

   Do you always have symptoms with STD's or need them to transmit the diseases?
   - **[N]**O _X_ UNDECIDED ___ YES ___
6. Who can diagnose and care for persons with STD's?
   - **[O]**nly qualified health professionals
7. List five complications of STD's:
   - **[D]**eath
   - **[E]**motional (fear, shame, guilt)
   - **[A]**ffects newborns of infected mothers
   - **[T]**ubal (ectopic) pregnancy, fatal to embryo and dangerous to mother
   - **[H]**ave risk of sterility (inability to reproduce)
8. If you suspect you have an STD, what three actions should you take?
   - **[A]**ttain prompt medical care and if infected, follow instructions
   - **[C]**ontact sex partner(s) to seek medical care
   - **[T]**alk with a qualified health professional about prevention
9. If you are an STD patient, *help* fight STD's. Don't forget these four actions:
   - **[H]**ave follow-up, if infected
   - **[E]**ncourage sex partner(s) to seek medical care
   - **[L]**earn how to and take all medicines
   - **[P]**ractice ways to avoid STD's
10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

    YES _X_ UNDECIDED ___ NO ___
11. If you suspected you contracted an STD, who would you call or where would you go for help?

    Clinic or Doctor: _____

    Address: _____

    Phone: _____
12. List ten strategies for STD *prevention:*
    - **[P]**ractice abstinence (No Sex! No Drugs!)
    - **[R]**esponsible sex behavior
    - **[E]**ducation
    - **[V]**oluntary testing
    - **[E]**xercise healthy behaviors
    - **[N]**ot cheating on partner
    - **[T]**reatment of partner(s)
    - **[I]**dentify, reduce risks
    - **[O]**bservation of partner, self
    - **[N]**o risky sex or drug behaviors

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STD Pre/Post Questionnaire-Part B

TEACHER NOTE:

PART B evaluates STD attitudes and behavioral intentions. There are no "correct" answers for these questions, but the "Yes" answers are more desirable, especially a shift toward the "Yes" between the Pre and Post Questionnaires.

What Do You Think?

1. I feel comfortable studying STD's. YES __ UNDECIDED __ NO __
2. It is important for me to learn about STD's. YES __ UNDECIDED __ NO __
3. I can do things to prevent STD's. YES __ UNDECIDED __ NO __
4. I would appreciate a sex partner or qualified health professional who informed me that I had been exposed to an STD.
   YES __ UNDECIDED __ NO __

What Would You Do?

1. If you were to have sex, would you use strategies to prevent STD's?
   YES __ UNDECIDED __ NO __

If you suspected you had an STD:

2. —would you seek prompt medical care?
   YES __ UNDECIDED __ NO __
3. —would you tell your sex partner(s) to get medical care?
   YES __ UNDECIDED __ NO __
4. —would you talk with a qualified health professional about how to notify your sex partner(s)?
   YES __ UNDECIDED __ NO __

Post Test Only

What did you think of your STD education?

Very Helpful ____ Somewhat Helpful ____ Not Helpful at All ____

Please write any additional thoughts about your STD education: _____

_____

_____

_____

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Name _____
Date _____
Pre/Post (circle one)

STD Pre/Post Questionnaire-Part A

What Do You Know?

1. STD stands for _____, formerly called VD for venereal disease.
2. What are four reasons for studying STD's? _____
3. Name the six links in the chain of infection: _____
   _____
4. How are STD's usually spread? _____
5. What are five common symptoms or *signs* of STD's?
   - **[S]** _____
   - **[I]** _____
   - **[G]** _____
   - **[N]** _____
   - **[S]** _____

   Do you always have symptoms with STD's or need them to transmit the disease?
   - **[N]**O ___ UNDECIDED ___ YES ___
6. Who can diagnose and care for persons with STD's?
   - **[O]** _____
7. List five complications of STD's:
   - **[D]** _____
   - **[E]** _____
   - **[A]** _____
   - **[T]** _____
   - **[H]** _____
8. If you suspect you have an STD, what three actions should you take?
   - **[A]** _____
   - **[C]** _____
   - **[T]** _____
9. If you are an STD patient, *help* fight STD's. Don't forget these four actions:
   - **[H]** _____
   - **[E]** _____
   - **[L]** _____
   - **[P]** _____
10. While it is recommended that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential STD medical care without parental permission.

    YES ___ UNDECIDED ___ NO ___
11. If you suspected you contracted an STD, who would you call or where would you go for help?

    Clinic or Doctor: _____

    Address: _____

    Phone: _____
12. List ten strategies for STD *prevention:*
    - **[P]** _____
    - **[R]** _____
    - **[E]** _____
    - **[V]** _____
    - **[E]** _____
    - **[N]** _____
    - **[T]** _____
    - **[I]** _____
    - **[O]** _____
    - **[N]** _____

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Name _____
Date _____
Pre/Post (circle one)

STD Pre/Post Questionnaire-Part B

What Do You Think?

1. I feel comfortable studying STD's. YES __ UNDECIDED __ NO __
2. It is important for me to learn about STD's. YES __ UNDECIDED __ NO __
3. I can do things to prevent STD's. YES __ UNDECIDED __ NO __
4. I would appreciate a sex partner or qualified health professional who informed me that I had been exposed to an STD.
   YES __ UNDECIDED __ NO __

What Would You Do?

1. If you were to have sex, would you use strategies to prevent STD's?
   YES __ UNDECIDED __ NO __

If you suspected you had an STD:

2. —would you seek prompt medical care?
   YES __ UNDECIDED __ NO __
3. —would you tell your sex partner(s) to get medical care?
   YES __ UNDECIDED __ NO __
4. —would you talk with a qualified health professional about notifying your sex partner(s)?
   YES __ UNDECIDED __ NO __

Post Test Only

What did you think of your STD education?

Very Helpful ____ Somewhat Helpful ____ Not Helpful at All ____

Please write any additional thoughts about your STD education: _____

_____

_____

_____

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HELP!

TEACHER EVALUATION

Dear STD Educator:

We helped you by providing the **Educator's Guide to AIDS and other STD's.** Now we need your help to help others. Please complete and return this teacher evaluation after using the **Guide** in your classroom.

If AIDS education is different than other STD's, please note.

Thanks very much,

Steve Sroka

Please circle or write in the appropriate response.

1. In what city and state do you teach? _____ , _____
2. Does your school use the **Guide**? YES ___ NO ___
   If no, list reason(s) and return evaluation _____
3. Grade level(s) STD education is taught in your school: 4 5 6 7 8 9 10 11 12 _____
4. Average number of class sessions spent on STD's: 1 2 3 4 5 6 7 8 9 10 _____
5. About how many students receive STD education in your school each year? _____
6. In what class and subject area do you teach STD's?
   Class = health, family health, physical education, other _____
   Subject area = disease, sex, other _____

SA = strongly agree A = agree U = undecided D = disagree SD = strongly disagree

7. The **Guide** offers effective methods and materials to teach students:
   - to describe the communicable disease chain of infection concept ..... SA A U D SD
   - to identify ways to break the chain of infection ..... SA A U D SD
   - to recognize STD symptoms ..... SA A U D SD
   - to find and use STD clinics or other health care providers ..... SA A U D SD
   - to refer all sex partners for medical care ..... SA A U D SD
   - to follow treatment instructions if infected ..... SA A U D SD
   - to avoid STD's ..... SA A U D SD
8. The **Guide** helps make STD education easier to teach ..... SA A U D SD
9. Overall, the **Guide** helped produce significant educational gains in my students':
   - STD knowledge ..... SA A U D SD
   - STD attitudes ..... SA A U D SD
   - STD behavioral intentions ..... SA A U D SD
10. I will use the **Guide** again ..... SA A U D SD
    Additional comments about the **Guide**: _____
11. Did you attend a workshop explaining the **Guide**? Yes ___ No ___

Please fold, staple and mail to:

place stamp here

Dr. Stephen R. Sroka
1284 Manor Park
Lakewood, Ohio 44107

AIDS Materials

OBJECTIVES

The three AIDS specific objectives of the **Guide** are that the student will:

(1) identify basic AIDS information and attitudes needed to break the chain of infection
(2) plan actions for a person infected with the AIDS virus
(3) analyze and practice strategies to prevent AIDS infections

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TEACHING SUGGESTIONS

Here are some strategies to help present the AIDS activities.

1. LISTENING CENTER • The "Story of AIDS" may be read by the teacher and/or student. Afterwards, have the students answer the questions by themselves and then have a class discussion.

2. GAMING • Separate your students into 2 teams. Play tic-tac-toe where a correct answer allows that team's player to mark an X or O in the grid on the board. Play until a team wins. Continue until you use all your questions.

For questions use these activities:

1) "The Story of AIDS"
2) "Myths and Facts about AIDS"
3) "What are the Risks for AIDS?"

Your questions may take the form of True/False, Yes/No, or fill-in for answers.

3. CREATE AN AIDS LEARNING CENTER • On an AIDS Bulletin Board (perhaps in the AIDS corner), post the latest information about AIDS. Use pamphlets, newspapers, magazines or have students write reports about TV shows or news coverage. Have students interview their peers, teachers or community residents about AIDS issues. Help your students separate AIDS myths from the facts.

• Create situations to allow students to ask questions about AIDS in a non-threatening way. For instance, have an AIDS Questions Box where students can drop off questions anonymously.

You could post these questions in a "Dear Abby" type column on your AIDS Bulletin Board and either have yourself or other students write replies. Also these questions could act as springboards for class discussions.

• Encourage your students to share their AIDS information with friends and family. Teach your students to be AIDS educators.

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Name _____
Date _____

AIDS Awareness

1. When I think of AIDS, I think of _____

_____

2. When and where did you first learn about AIDS?

when _____

where _____

3. How would you feel if you found out that you had become infected with the AIDS virus?

_____

4. What do you feel are some of the worst complications which can r[illegible] from infection with the AIDS virus?

_____

_____

5. Why do persons with AIDS need compassion and understanding?

_____

6. Since AIDS is preventable, why are so many people infected? _____

_____

7. More people would know about and what to do about AIDS if we _____

_____

8. Things about AIDS that I would like to know more about are: _____

_____

_____

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Surgeon General's Report on Acquired Immune Deficiency Syndrome

FOREWORD

This is a report from the Surgeon General of the US Public Health Service to the people of the United States on AIDS. Acquired Immune Deficiency Syndrome is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans - fear of disease and fear of the unknown. Initial reporting of AIDS occurred in the United States, but AIDS and the spread of the AIDS virus is an international problem. This report focuses on prevention that could be applied in all countries.

My report will inform you about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. It will help you understand your fears. Fear can be useful when it helps people avoid behavior that puts them at risk for AIDS. On the other hand, unreasonable fear can be as crippling as the disease itself. If you are participating in activities that could expose you to the AIDS virus, this report could save your life.

In preparing this report, I consulted with the best medical and scientific experts this country can offer. I met with leaders of organizations concerned with health, education, and other aspects of our society to gain their views of the problems associated with AIDS. The information in this report is current and timely.

This report was written personally by me to provide the necessary understanding of AIDS.

The vast majority of Americans are against illicit drugs. As a health officer I am opposed to the use of illicit drugs. As a practicing physician for more than forty years, I have seen the devastation that follows the use of illicit drugs-addiction, poor health, family disruption, emotional disturbances and death. I applaud the President's initiative to rid this nation of the curse of illicit drug use and addiction. The success of his initiative is critical to the health of the American people and will also help reduce the number of persons exposed to the AIDS virus.

Some Americans have difficulties in dealing with the subjects of sex, sexual practices, and alternate lifestyles. Many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution. This report must deal with all of these issues, but does so with the intent that information and education can change individual behavior, since this is the primary way to stop the epidemic of AIDS. This report deals with the positive and negative consequences of activities and behaviors from a health and medical point of view.

Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs. Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk.

Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus. The threat of AIDS can provide an opportunity for parents to instill in their children their own moral and ethical standards.

Those of us who are parents, educators and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility.

AIDS is an infectious disease. It is contagious, but it cannot be spread in the same manner as a common cold or measles or chicken pox. It is contagious in the same way that sexually transmitted diseases, such as syphillis and gonorrhea, are contagious. AIDS can also be spread through the sharing of intravenous drug needles and syringes used for injecting illicit drugs.

AIDS is not spread by common everyday contact but by sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis). Yet there is great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact. The first cases of AIDS were reported in this country in 1981. We would know by now if AIDS were passed by casual, non-sexual contact.

Today those practicing high risk behavior who become infected with the AIDS virus are found mainly among homosexual and bisexual men and male and female intravenous drug users. Heterosexual transmission is expected to account for an increasing proportion of those who become infected with the AIDS virus in the future.

At the beginning of the AIDS epidemic many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups "deserved" their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy.

AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 deaths within the decade since the disease was first recognized. In the year 1991, an estimated 145,000 patients with AIDS will need health and supportive services at a total cost of between $8 and $16 billion. However, AIDS is preventable. It can be controlled by changes in personal behavior. It is the responsibility of every citizen to be informed about AIDS and to exercise the appropriate preventive measures. This report will tell you how.

The spread of AIDS can and must be stopped.

C. Everett Koop, MD, ScD
Surgeon General

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Surgeon General's Report on Acquired Immune Deficiency Syndrome

I.

AIDS

1. AIDS Caused by Virus

The letters A-I-D-S stand for Acquired Immune Deficiency Syndrome. When a person is sick with AIDS, he/she is in the final stages of a series of health problems caused by a virus (germ) that can be passed from one person to another chiefly during sexual contact or through the sharing of intravenous drug needles and syringes used for "shooting" drugs. Scientists have named the AIDS virus "HIV (Human Immunodeficiency Virus) or HTLV-III (Human T-Lymphotropic Virus Type III) or LAV (Lymphadenopathy Associated Virus)." These abbreviations stand for information denoting a virus that attacks white blood cells (T-Lymphocytes) in the human blood. Throughout this publication, we will call the virus the "AIDS virus." The AIDS virus attacks a person's immune system and damages his/her ability to fight other disease. Without a functioning immune system toward off other germs, he/she now becomes vulnerable to becoming infected by bacteria, protozoa, fungi, and other viruses and malignancies, which may cause life-threatening illness, such as pneumonia, meningitis, and cancer.

2. No Known Cure

There is presently no cure for AIDS. There is presently no vaccine to prevent AIDS.

3. Virus Invades Blood Stream

When the AIDS virus enters the blood stream, it begins to attack certain white blood cells (T-Lymphocytes). Substances called antibodies are produced by the body. These antibodies can be detected in the blood by a simple test, usually two weeks to three months after infection. Even before the antibody test is positive, the victim can pass the virus to others by methods that will be explained.

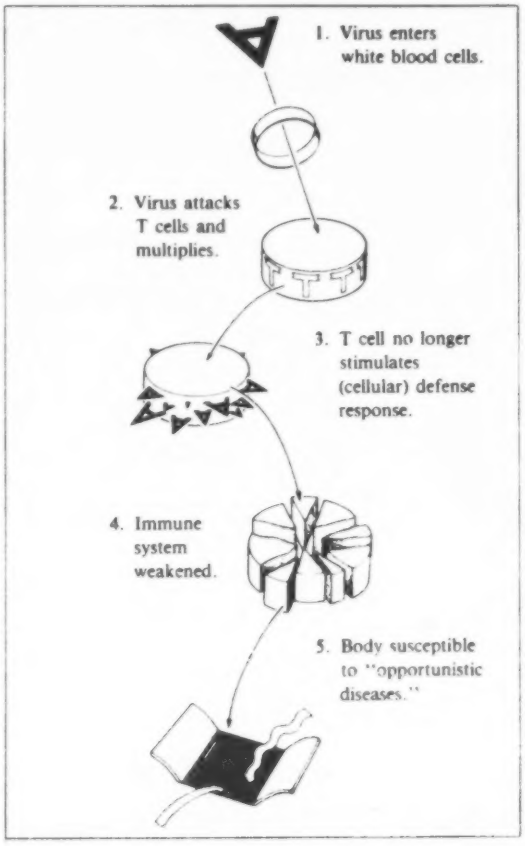
Once an individual is infected, there are several possibilities. Some people may remain well but even so they are able to infect others. Others may develop a disease that is less serious than AIDS referred to as AIDS Related Complex (ARC). In some people the protective immune system may be destroyed by the virus and then other germs (bacteria, protozoa, fungi, and other viruses) and cancers that ordinarily would never get a foothold cause "opportunistic diseases..." using the *opportunity* of lowered resistance to infect and destroy. Some of the most common are *Pneumocystis carinii* pneumonia and tuberculosis. Individuals infected with the AIDS virus may also develop certain types of cancers such as Kaposi's sarcoma. These infected people have classic AIDS. Evidence shows that the AIDS virus may also attack the nervous system, causing damage to the brain.

II.

SIGNS AND SYMPTOMS

4. No Signs

Some people remain apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, these infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm because they may now contain the AIDS virus.


1. Virus enters white blood cells.
2. Virus attacks T cells and multiplies.
3. T cell no longer stimulates (cellular) defense response.
4. Immune system weakened.
5. Body susceptible to "opportunistic diseases."

5. ARC

AIDS - Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases and a physician should be consulted.

6. AIDS

Only a qualified health professional can diagnose AIDS, which is the result of a natural progress of infection by the AIDS virus. AIDS destroys the body's immune (defense) system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic diseases would not otherwise gain a foothold in the body. These opportunistic diseases may eventually cause death.

Some symptoms and signs of AIDS and the "opportunistic infections" may include a persistent cough and fever associated with shortness of breath or difficult breathing and may be the symptoms of *Pneumocystis carinii* pneumonia. Multiple purplish blotches and bumps on the skin may be a sign of Kaposi's sarcoma. The AIDS virus in all infected people is essentially the same; the reactions of individuals may differ.

7. Long Term

The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

III.

8. AIDS:
THE PRESENT SOLUTION

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30 percent of those infected with the AIDS virus will develop an illness that fits an accepted definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no

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disease symptoms and may not come down with the disease for many years, if ever.

9. No Risk from Casual Contact

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of the AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes and kissed each other.

10. Health Workers

We know even more about health care workers exposed to AIDS patients. About 2500 health workers who were caring for AIDS patients when they were sickest have been carefully studied and tested for infection with the virus. These doctors, nurses and other health care givers have been exposed to the AIDS patients' blood, stool and other body fluids. Approximately 750 of these health workers reported possible additional exposure by direct contact with a patient's body fluid through spills or being accidentally stuck with a needle. Upon testing these 750, only 3 who had accidentally stuck themselves with a needle had a positive antibody test for exposure to the AIDS virus. Because health workers had much more contact with patients and their body fluids than would be expected from common everyday contact, it is clear that the AIDS virus is not transmitted by casual contact.

11. Control of Certain Behaviors Can Stop Further Spread of AIDS

Knowing the facts about AIDS can prevent the spread of the disease. Education of those who risk infecting themselves or infecting other people is the only way we can stop the spread of AIDS. People must be responsible about their sexual behavior and must avoid the use of illicit intravenous drugs and needle sharing. We will describe the types of behavior that lead to infection by the AIDS virus and the personal measures that must be taken for effective protection. If we are to stop the AIDS epidemic, we all must understand the disease - its cause, its nature, and its prevention. *Precautions must be taken.* The AIDS virus infects persons who expose themselves to known risk behavior, such as certain types of homosexual and heterosexual activities or sharing intravenous drug equipment.

12. Risks

Although the initial discovery was in the homosexual community, AIDS is not a disease only of homosexuals. AIDS is found in heterosexual people as well. AIDS is not a black or white disease. is not just a male disease. AIDS is found in women; it is found in children. In the future AIDS will probably increase and spread among people who are not homosexual or intravenous drug abusers in the same manner as other sexually transmitted diseases like syphilis and gonorrhea.

13. Sex Between Men

Men who have sexual relations with other men are especially at risk. About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals. This percentage probably will decline as heterosexual transmission increases. *Infection results from a sexual relationship with an infected person.*

14. Multiple Partners

The risk of infection increases according to the number of sexual partners one has, *male or female*. The more partners you have, the greater the risk of becoming infected with the AIDS virus.

15. How Exposed

Although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions. The virus then enters a person's blood stream through their rectum, vagina or penis.

Small (unseen by the naked eye) tears in the surface lining of the vagina or rectum may occur during insertion of the penis, fingers, or other objects, thus opening an avenue for entrance of the virus directly into the blood stream; therefore, the AIDS virus can be passed from penis to rectum and vagina and vice versa without a visible tear in the tissue or the presence of blood.

16. Prevention of Sexual Transmission — Know Your Partner

Couples who maintain mutually faithful monogamous relationships (only one continuing sexual partner) are protected from AIDS through sexual transmission. If you have been faithful for at least five years and your partner has been faithful too, neither of you is at risk. If you have not been faithful, then you and your partner are at risk. If your partner has not been faithful, then your partner is at risk which also puts you at risk. This is true for both heterosexual and homosexual couples. Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is not carrying the virus of AIDS, you must use protective behavior. Absolute certainty means not only that you and your partner have maintained a mutually faithful monogamous sexual relationship, but it means that neither you nor your partner has used illegal intravenous drugs.

IV.

17. AIDS: YOU CAN PROTECT YOURSELF FROM INFECTION

Some personal measures are adequate to safely protect yourself and others from infection by the AIDS virus and its complications. Among these are:

- If you have been involved in any of the high risk sexual activities described above or have injected illicit intravenous drugs into your body, you should have a blood test to see if you have been infected with the AIDS virus.
- If your test is positive or if you engage in high risk activities and choose not to have a test, you should tell your sexual partner. If you jointly decide to have sex, you must protect your partner by always using a rubber (condom) during (start to finish) sexual intercourse (vagina or rectum).
- If your partner has a positive blood test showing that he/she has been infected with the AIDS virus or you suspect that he/she has been exposed by previous heterosexual or homosexual behavior or use of intravenous drugs with shared needles and syringes, a rubber (condom) should always be used during (start to finish) sexual intercourse (vagina or rectum).
- If you or your partner is at high risk, avoid mouth contact with the penis, vagina, or rectum.
- Avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis.
- Single teenage girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. They have been taught to say **NO** to sex! They have been taught to say **NO** to drugs! By saying **NO** to sex and drugs, they can avoid AIDS which can kill them! The same is true for teenage boys who should also not have rectal intercourse with other males. It may result in AIDS.
- Do not have sex with prostitutes. Infected male and female prostitutes are frequently also intravenous drug abusers, therefore, they may infect clients by sexual intercourse and other intravenous drug abusers by sharing their intravenous drug equipment. Female prostitutes also can infect their unborn babies.

18. Intravenous Drug Users

Drug abusers who inject drugs into their veins are another population group at high risk and with high rates of infection by the AIDS virus. Users of intravenous drugs make up 25 percent of the cases of AIDS throughout the country. The AIDS virus is carried in contaminated blood left in the needle, syringe, or other drug related implements and the virus is injected into the new victim by reusing dirty syringes and needles. Even the smallest amount of infected blood left in a used needle or syringe can contain live blood left to be passed on to the next user of those dirty implements.

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No one should shoot up drugs because of addiction, poor health, family disruption, emotional disturbances and death that follow. However, many drug users are addicted to drugs and for one reason or another have not changed their behavior. For these people, the only way not to get AIDS is *to use a clean, previously unused* needle, syringe or any other implement necessary for the injection of the drug solution.

19. Hemophilia

Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusions or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country.

20. Blood Transfusion

Currently all blood donors are initially screened and blood is not accepted from high risk individuals. Blood that has been collected for use is tested for the presence of antibody to the AIDS virus. However, some people may have had a blood transfusion prior to March 1985 before we knew how to screen blood for safe transfusion and may have become infected with the AIDS virus. Fortunately there are not now a large number of these cases. With routine testing of blood products, the blood supply for transfusion is now safer than it has ever been with regard to AIDS.

Persons who have engaged in homosexual activities or have shot street drugs within the last 10 years should never donate blood.

21. Mother Can Infect Newborn

If a woman is infected with the AIDS virus and becomes pregnant, she is more likely to develop ARC or classic AIDS, and she can pass the AIDS virus to her unborn child. Approximately one third of the babies born to AIDS-infected mothers will also be infected with the AIDS virus. Most of the infected babies will eventually develop the disease and die. Several of these babies have been born to wives of hemophiliac men infected with the AIDS virus by way of contaminated blood products. Some babies have also been born to women who became infected with the AIDS virus by bisexual partners who had the virus. Almost all babies with AIDS have been born to women who were intravenous drug users or the sexual partners of intravenous drug users who were infected with the AIDS virus. More such babies can be expected.

Think carefully if you plan on becoming pregnant. If there is any chance that you may be in any high risk group or that you have had sex with someone in a high risk group, such as homosexual and bisexual males, drug abusers and their sexual partners, see your doctor.

22. Summary

AIDS affects certain groups of the population. Homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males as well as those who "shoot" street drugs are at greatest risk of exposure, infection and eventual death. Sexual partners of these high risk individuals are at risk, as well as any children born to women who carry the virus. Heterosexual persons are increasingly at risk.

V.

23. AIDS: WHAT IS SAFE

Most Behavior is Safe

Everyday living does not present any risk of infection. You *cannot* get AIDS from casual social contact. Casual social contact should not be confused with casual *sexual* contact which is a major cause of the spread of the AIDS virus. Casual *social* contact such as shaking hands, hugging, social kissing, crying, coughing or sneezing, will not transmit the AIDS virus. Nor has AIDS been contracted from swimming in pools or hot tubs or from eating in restaurants (even if a restaurant worker has AIDS or carries the AIDS virus). AIDS is not contracted from sharing bed linens, towels, cups, straws, dishes, or any other eating utensils. You cannot get AIDS from toilets, doorknobs, telephones, office machinery, or household furniture. You cannot get AIDS from body massages, masturbation or any non-sexual body contact.

24. Donating Blood

Donating blood is *not* risky at all. *You cannot get AIDS by donating blood.*

25. Receiving Blood

In the US every blood donor is screened to exclude high risk persons and every blood donation is now tested for the presence of antibodies to the AIDS virus. Blood that shows exposure to the AIDS virus by the presence of antibodies is not used either for transfusion or for the manufacture of blood products. Blood banks are as safe as current technology can make them. Because antibodies do not form immediately after exposure to the virus, a newly infected person may unknowingly donate blood after becoming infected but before his/her antibody test becomes positive. It is estimated that this might occur less than once in 100,000 transfusions.

There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person. Ordinary methods of disinfection for urine, stool and vomitus which are used for non-infected people are adequate for people who have AIDS or are carrying the AIDS virus. You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting you and himself from hepatitis, common colds or flu.

There is no danger in visiting a patient with AIDS or caring for him or her. Normal hygienic practices, like wiping of body fluid spills with a solution of water and household bleach (1 part household bleach to 10 parts water), will provide full protection.

26. Children in School

None of the identified cases of AIDS in the United States are known or are suspected to have been transmitted from one child to another in school, day care, or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. Even then routine safety procedures for handling blood or other body fluids (which should be standard for all children in the school or day care setting) would be effective in preventing transmission from children with AIDS to other children in school.

Children with AIDS are highly susceptible to infections, such as chicken pox, from other children. Each child with AIDS should be examined by a doctor before attending school or before returning to school, day care or foster care settings after an illness. No blanket rules can be made for all schoolboards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the schoolboard would be the child's parents, physician and a public health official.

Casual social contact between children and persons infected with the AIDS virus is not dangerous.

27. Insects

There are no known cases of AIDS transmission by insects, such as mosquitoes.

28. Pets

Dogs, cats and domestic animals are not a source of infection from AIDS virus.

29. Tears and Saliva

Although the AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS comes from sexual contacts with infected persons and from sharing of syringes and needles. There is no danger of infection with AIDS virus by casual social contact.

30. Testing of Military Personnel

You may wonder why the Department of Defense is currently testing its uniformed services personnel for presence of the AIDS virus antibody.

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The military feel this procedure is necessary because the uniformed services act as their own blood bank in a time of national emergency. They also need to protect new recruits (who unknowingly may be AIDS virus carriers) from receiving live virus vaccines. These vaccines could activate disease and be potentially life-threatening to the recruits.

VI.

31. AIDS: WHAT IS CURRENTLY UNDERSTOOD

Although AIDS is still a mysterious disease in many ways, our scientists have learned a great deal about it. In five years we know more about AIDS than many diseases that we have studied for even longer periods. While there is no vaccine or cure, the results from the health and behavioral research community can only add to our knowledge and increase our understanding of the disease and ways to prevent and treat it.

In spite of all that is known about transmission of the AIDS virus, scientists will learn more. One possibility is the potential discovery of factors that may better explain the mechanism of AIDS infection.

32. Why are the antibodies produced by the body to fight the AIDS virus not able to destroy that virus?

The antibodies detected in the blood of carriers of the AIDS virus are ineffective, at least when classic AIDS is actually triggered. They cannot check the damage caused by the virus, which is by then present in large numbers in the body. Researchers cannot explain this important observation. We still do not know why the AIDS virus is not destroyed by man's immune system.

33. SUMMARY

AIDS no longer is the concern of any one segment of society; it is the concern of us all. No American's life is in danger if he/she or their sexual partners do not engage in high risk sexual behavior or use shared needles or syringes to inject illicit drugs into the body.

People who engage in high risk sexual behavior or who shoot drugs are risking infection with the AIDS virus and are risking their lives and the lives of others, including their unborn children.

We cannot yet know the full impact of AIDS on our society. From a clinical point of view, there may be new manifestations of AIDS - for example, mental disturbances due to the infection of the brain by the AIDS virus in carriers of the virus. From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution. Economically, the care of AIDS patients will put a tremendous strain on our already overburdened and costly health care delivery system.

The most certain way to avoid getting the AIDS virus and to control the AIDS epidemic in the United States is for individuals to avoid promiscuous sexual practices, to maintain mutually faithful monogamous sexual relationships and to avoid injecting illicit drugs.

VII.

34. LOOK TO THE FUTURE The Challenge of the Future

An enormous challenge to public health lies ahead of us and we would do well to take a look at the future. We must be prepared to manage those things we can predict, as well as those we cannot.

At the present time there is no vaccine to prevent AIDS. There is no cure. AIDS, which can be transmitted sexually and by sharing needles and syringes among illicit intravenous drug users, is bound to produce profound changes in our society, changes that will affect us all.

35. Information and Education Only Weapons Against AIDS

It is estimated that in 1991, 54,000 people will die from AIDS. At this moment, many of them are not infected with the AIDS virus. With proper information and education, as many as 12,000 to 14,000 people could be saved in 1991 from death by AIDS.

36. AIDS will Impact All

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will.

37. Be Educated — Be Prepared

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. The Public Health Service, your local public health officials and family physician will be able to help you.

38. Concern About Spread of AIDS

While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it is likely that cases of AIDS will appear far and wide.

39. Special Educational Concerns

There are a number of people, primarily adolescents, that do not yet know they will be homosexual or become drug abusers and will not heed this message; there are others who are illiterate and cannot heed this message. They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus.

40. High Risk Get Blood Test

The greatest public health problem lies in the large number of individuals with a history of high risk behavior who have been infected with and may be spreading the AIDS virus. Those with high risk behavior must be encouraged to protect others by adopting safe sexual practices and by the use of clean equipment for intravenous drug use. If a blood test for antibodies to the AIDS virus is necessary to get these individuals to use safe sexual practices, they should get a blood test. Call your local health department for information on where to get the test.

41. Anger and Guilt

Some people afflicted with AIDS will feel a sense of anger and others a sense of guilt. In spite of these understandable reactions, everyone must join the effort to control the epidemic, to provide for the care of those with AIDS, and to do all we can to inform and educate others about AIDS, and how to prevent it.

42. Confidentiality

Because of the stigma that has been associated with AIDS, many afflicted with the disease or who are infected with the AIDS virus are reluctant to be identified with AIDS. Because there is no vaccine to prevent AIDS and no cure, many feel there is nothing to be gained by revealing sexual contacts that might also be infected with the AIDS virus. When a community or a state requires reporting of those infected with the AIDS virus to public health authorities in order to trace sexual and intravenous drug contacts — as is the practice with other sexually transmitted diseases — those infected with the AIDS virus have gone underground out of the mainstream of health care and education. For this reason current public health practice is to protect the privacy of the individual infected with the AIDS virus and to maintain the strictest confidentiality concerning his/her records.

43. State and Local AIDS Task Forces

Many state and local jurisdictions where AIDS has been seen in the greatest numbers have AIDS task forces with heavy representation from the field of public health joined by others who can speak broadly to issues of access to care, provision of care and the availability of community and psychiatric support services. Such a task force is needed in every community with the power to develop plans and policies, to speak, and to act for the good of the public health at every level.

State and local task forces should plan ahead and work collaboratively with other jurisdictions to reduce transmission of AIDS by far-reaching informational and educational programs. As AIDS impacts more strongly on society, they should be charged with making recommendations to provide for the needs of those afflicted with AIDS. They also will be in the best position to answer the concerns and direct the activities of those who are not

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infected with the AIDS virus.

The responsibility of state and local task forces should be far reaching and might include the following areas:

- Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of AIDS virus.
- Conduct AIDS education programs for police, firemen, correctional institution workers and emergency medical personnel for dealing with AIDS victims and the public.
- Insure that institutions catering to children or adults who soil themselves or their surroundings with urine, stool, and vomitus have adequate equipment for cleanup and disposal, and have policies to insure the practice of good hygiene.

44. School

Schools will have special problems in the future. In addition to the guidelines already mentioned in this pamphlet, there are other things that should be considered such as sex education and education of the handicapped.

45. Sex Education

Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program. The appearance of AIDS could bring together diverse groups of parents and educators with opposing views on inclusion of sex education in the curricula. There is now no doubt that we need sex education in schools and that it include information of heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis on prevention of AIDS and other sexually transmitted diseases.

46. Handicapped and Special Education

Children with AIDS or ARC will be attending school along with others who carry the AIDS virus. Some children will develop brain disease which will produce changes in mental behavior. Because of the right to special education of the handicapped and the mentally retarded, schoolboards and higher authorities will have to provide guidelines for the management of such on a case-by-case basis.

47. Labor and Management

Labor and management can do much to prepare for AIDS so that misinformation is kept to a minimum. Unions should issue preventive health messages because many employees will listen more carefully to a union message than they will to one from public health authorities.

48. AIDS Education at the Work Site

Offices, factories, and other work sites should have a plan in operation for education of the work force and accommodation of AIDS or ARC patients before the first such case appears at the work site. Employees with AIDS or ARC should be dealt with as are any workers with a chronic illness. In-house video programs provide an excellent source of education and can be individualized to the needs of a specific work group.

49. Strain on the Health Care Delivery System

The health care system in many places will be overburdened as it is now in urban areas with large numbers of AIDS patients. It is predicted that during 1991 there will be 145,000 patients requiring hospitalization at least once and 54,000 patients who will die of AIDS. Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any other manifestation such as ARC or classic AIDS.

State and local task forces will have to plan for these patients by utilizing conventional and time honored systems but will also have to investigate alternate methods of treatment and alternate sites for care including homecare.

The strain on the health system can be lessened by family, social, and psychological support mechanisms in the community. Programs are needed to train chaplains, clergy, social workers, and volunteers to deal with AIDS. Such support is critical to the minority communities.

50. Mental Health

Our society will also face an additional burden as we better understand the mental health implications of infection by the AIDS virus. Upon being informed of infection with the AIDS virus, a young, active, vigorous person faces anxiety and depression brought on by fears associated with social isolation, illness, and dying. Dealing with these individual and family concerns will require the best efforts of mental health professionals.

51. Controversial Issues

A number of controversial AIDS issues have arisen and will continue to be debated largely because of lack of knowledge about AIDS, how it is spread, and how it can be prevented. Among these are the issues of compulsory blood testing, quarantine, and identification of AIDS carriers by some visible sign.

52. Compulsory Blood Testing

Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive. It can be expected that many who *test* negatively might actually be positive due to *recent* exposure to the AIDS virus and give a false sense of security to the individual and his/her sexual partners concerning necessary protective behavior. The prevention behavior described in this report, if adopted, will protect the American public and contain the AIDS epidemic. Voluntary testing will be available to those who have been involved in high risk behavior.

53. Quarantine

Quarantine has no role in the management of AIDS because AIDS is not spread by casual contact. The only time that some form of quarantine might be indicated is in a situation where an individual carrying the AIDS virus knowingly and willingly continues to expose others through sexual contact or sharing drug equipment. Such circumstances should be managed on a case-by-case basis by local authorities.

54. Identification of AIDS Carriers by Some Visible Sign

Those who suggest the marking of carriers of the AIDS virus by some visible sign have not thought the matter through thoroughly. It would require testing of the entire population which is unnecessary, unmanageable and costly. It would miss those recently infected individuals who would test negatively, but be infected. The entire procedure would give a false sense of security. AIDS must and will be treated as a disease that can infect anyone. AIDS should not be used as an excuse to discriminate against any group or individual.

55. Updating Information

As the Surgeon General, I will continually monitor the most current and accurate health, medical, and scientific information and make it available to you, the American people. Armed with this information you can join in the discussion and resolution of AIDS-related issues that are critical to your health, your children's health, and the health of the nation.

ADDITIONAL INFORMATION

Telephone Hotlines (Toll Free)

PHS AIDS Hotline
800-342-AIDS
800-342-2437

National Sexually Transmitted Diseases Hotline/American Social Health Association
800-227-8922

National Gay Task Force AIDS Information Hotline
800-221-7044
(212) 807-6016 (NY State)

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (202) 245-6867

Local Red Cross or
American Red Cross
AIDS Education Office
1730 D Street, N.W.
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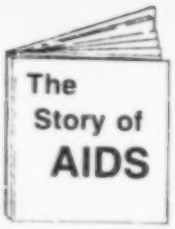

The Story of AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a **communicable disease**, a disease you get from someone. AIDS is contagious, but it cannot be spread in the same way as a common cold or measles.

AIDS is a **virus** that invades your body. It triggers your body's **immune system** to make **antibodies** to search and destroy the invaders to help you get well.

Once exposed to the AIDS virus, not everyone's body reacts the same. For many people, the immune system is still able to work and there are no symptoms **(even though this person could still spread the AIDS virus to others)**. For others, the immune system is only slightly damaged, and there are symptoms such as swollen lymph nodes, diarrhea, weight loss and fever. This is called AIDS Related Complex (ARC).

But for others who develop AIDS (Acquired Immune Deficiency Syndrome), the immune system becomes **damaged** and cannot fight diseases. Serious infections, like pneumonia and cancer which would not infect a healthy person, can now attack the victim.

Since there is **no cure** for AIDS, most people with AIDS die within two years. But it may take up to ten years or longer for symptoms of AIDS to appear.

The **symptoms** of AIDS are found in many diseases, such as tiredness, night sweats, fevers, weight loss, swollen glands, dry cough, diarrhea, but with AIDS they do not go away. There is a blood test to detect antibodies to AIDS in your blood. But this does not mean you have developed AIDS. **Only a qualified health professional can diagnose AIDS.**

The AIDS virus is spread by only a few ways. You can get the AIDS virus by having **sex** with someone (man or woman) who has the virus. You can also get the AIDS virus using the same **needle** as an infected person. This is how drug abusers have gotten AIDS from "shooting" drugs into their veins. And **infected mothers** can give the AIDS virus to their newborn babies. A small number of people have gotten the AIDS virus from receiving **blood transfusions** (but now the blood supply is as safe as possible).

You **cannot** get AIDS by donating blood.

AIDS is hard to catch. You **cannot** get it by casual contact such as:

- going to school with an AIDS victim
- shaking hands, hugging, touching
- contact with a doorknob, toilet seat, telephone, dishes, towels, etc.
- crying, coughing, sneezing
- mosquito bites
- dogs, cats, pets
- swimming pools

AIDS is preventable through healthy behaviors. So protect yourself from AIDS: Do not have sex **(No Sex!)** and do not share needles **(No Drugs!).**

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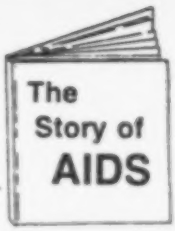

The Story of AIDS Worksheet

1. AIDS is a **communicable** diseases.
2. AIDS is caused by a **virus.**
3. Your **immune system** makes antibodies to fight viruses.
4. If you are infected with the AIDS virus, do you always have symptoms?
   Yes _____ No X
5. If you have the AIDS virus in your body, you can spread it to others.
   True X False _____
6. If you develop AIDS your immune system becomes **damaged and cannot fight diseases.**
7. There is a cure for AIDS. True _____ False X
8. Symptoms of AIDS are found in many other diseases.
   True X False _____
9. Who can diagnose AIDS? **Only a qualified health professional**
10. Only an adult can get AIDS. True _____ False X

11-14. Name four ways AIDS can be spread:

- **sex with an infected partner**
- **sharing a needle with an infected person**
- **infected mother to newborn**
- **rarely blood transfusions from an infected person (but now the blood supply is as safe as possible)**

15. You cannot get AIDS by donating blood.
    True X False _____
16. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. True X False _____

17-18. You can prevent AIDS by these two ways:

- **Do not have sex (No Sex!)**
- **Do not share needles (No Drugs!)**

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Name _____
Date _____

The Story of AIDS Worksheet

1. AIDS is a _____ disease.

2. AIDS is caused by a _____ .

3. Your _____ makes antibodies to fight viruses.

4. If you are infected with the AIDS virus, do you always have symptoms?
   Yes _____ No _____

5. If you have the AIDS virus in your body, you can spread it to others.
   True _____ False _____

6. If you develop AIDS your immune system becomes _____

   _____

7. There is a cure for AIDS. True _____ False _____

8. Symptoms of AIDS are found in many other diseases.
   True _____ False _____

9. Who can diagnose AIDS? _____

10. Only an adult can get AIDS. True _____ False _____

11-14. Name four ways AIDS can be spread:

_____

_____

_____

_____

_____

15. You cannot get AIDS by donating blood.
    True _____ False _____

16. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. True _____ False _____

17-18. You can prevent AIDS by these two ways:

_____

_____

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Myths and Facts About AIDS

TEACHER KEY

True - False - Don't Know **Explain your answer**

T - F - ? 1. AIDS is a very serious health problem.
True. The problem is so serious that health officials have written information on AIDS for the people of the U.S. They warn that AIDS is a life-threatening disease and urge schools and parents to teach about sex education and the prevention of AIDS and other STD's at the lowest grade possible.

T - F - ? 2. AIDS can be cured.
False. There is no cure or vaccine for AIDS.

T - F - ? 3. The cause of AIDS is unknown.
False. Scientists know that AIDS is caused by a virus called HIV, HTLV-III, LAV or just AIDS virus. It is a virus that attacks the person's immune system and damages his or her ability to fight other diseases, which are often fatal. AIDS is the final stages of a series of health problems caused by the AIDS virus.

T - F - ? 4. Persons with AIDS usually have other diseases resulting from AIDS.
True. Persons with AIDS with damaged immune systems are susceptible to "opportunistic diseases" which normally would not infect the body. Common opportunistic diseases include *pneumocystis carinii* pneumonia, Kaposi's sarcoma cancer, and meningitis.

T - F - ? 5. AIDS is only a male homosexual disease.
False. AIDS is not a male homosexual disease. It is a viral disease. Although most cases of AIDS in the U.S. involve homosexual and bisexual men, it is found in heterosexual males and females, blacks, whites, Hispanics and others, and even children.

Your risk depends on your risk behaviors, not your risk group. For instance, a male homosexual who says NO to sex is not at risk, while a sexually active heterosexual who has unprotected sex is at risk.

Most AIDS experts expect the heterosexual (male-female) transmission rates to increase in the U.S.

T - F - ? 6. Going to school with a classmate who has AIDS puts you at risk for AIDS.
False. The AIDS virus is not transmitted by casual contact. Casual contact includes such behaviors as shaking hands,hugging, social kissing, crying, coughing or sneezing, etc. or contact with such items as doorknobs, toilet seats, telephones, towels, dishes, glasses, etc. In fact, no one has contracted AIDS in a school setting.

T - F - ? 7. You cannot get AIDS from donating blood.
True. There is no risk at all donating blood. All equipment is sterilized, used only one time, and then destroyed.

T - F - ? 8. AIDS can be transmitted only from sexual contact with someone who is infected.
False. Although most cases of AIDS have been sexually transmitted, AIDS can also be transmitted through sharing drug needles, from mother to newborn, and rarely from transfusion of blood (but now the blood supply is as safe as possible).

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TEACHER KEY

Myths and Facts About AIDS

True - False - Don't Know **Explain your answer**

T - F - ? 9. A person must have symptoms of AIDS to give it to someone else.
False. A person may be asymptomatic (have no symptoms) and yet be infected with the AIDS virus and be able to transmit the virus to others. Since the incubation period (time from infection to AIDS) may be as short as a few months or as long as 10 years or more, this is a very serious reason for concern.

If you think you have been exposed to the AIDS virus, you may consider taking the AIDS antibody blood test.

SYMPTOMS

ARC (AIDS Related Complex) Symptoms often less severe than AIDS		AIDS (Acquired Immune Deficiency Syndrome)
• loss of appetite	• skin rashes	• persistent cough and fever
• weight loss	• diarrhea	• shortness of breath or difficult breathing
• fever	• tiredness	• multiple purplish blothches and bumps on skin
• night sweats	• swollen lymph nodes	

NOTE: These symptoms can be other diseases. They do not disappear and will progress. ***ARC and AIDS can only be diagnosed by a qualified health professional.***

T - F - ? 10. There is a test for AIDS.
False. Once exposed to the AIDS virus, the body produces antibodies which can be detected by a blood test two weeks to six months after contact. A positive antibody blood test for AIDS does not mean you have AIDS, the syndrome, but means that you have been exposed to the AIDS virus and are capable of transmitting it to others sexually or through intravenous drug abuse. You may or may not develop ARC or AIDS. Scientists predict 30-50% of persons infected with the AIDS virus will develop AIDS within 5-7 years. But the experts do not know how many will become ill in later years.

T - F - ? 11. AIDS is preventable.
True. AIDS is preventable through education and responsible health behaviors such as:

- Say NO to Sex and Drugs (abstinence)—the most effective way to prevent AIDS).
- Refrain from sexual activity until as adults you are ready to establish a mutually monogamous relationship such as in marriage.
- If you have sex and you are not completely sure your partner is safe, use a condom during (start to finish) sexual intercourse (vagina, mouth, rectum) to reduce risks of infection.
- Do not abuse intravenous drugs, but if you do, do not share needles or syringes and enroll in a drug treatment program.
- Since mothers can infect newborns, if you are planning to have children and think you could be at risk for AIDS, see your doctor.
- Learn as much as you can about AIDS to separate the AIDS myths from facts.

Get the facts concerning AIDS
call the AIDS HOTLINE 1-800-342-AIDS.

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Myths and Facts About AIDS

Name _____
Date _____

True - False - Don't Know **Explain your answer**

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T - F - ? 2. AIDS can be cured.

T - F - ? 3. The cause of AIDS is unknown.

T - F - ? 4. Persons with AIDS usually have other diseases resulting from AIDS.

T - F - ? 5. AIDS is only a male homosexual disease.

T - F - ? 6. Going to school with a classmate who has AIDS puts you at risk for AIDS.

T - F - ? 7. You cannot get AIDS from donating blood.

T - F - ? 8. AIDS can be transmitted only from sexual contact with someone who is infected.

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Myths and Facts About AIDS

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Date _____

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SYMPTOMS

ARC (AIDS Related Complex) Symptoms often less severe than AIDS		AIDS (Acquired Immune Deficiency Syndrome)
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NOTE: These symptoms can be other diseases. They do not disappear and will progress. ***ARC and AIDS can only be diagnosed by a qualified health professional.***

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What are the Risks for AIDS?

TEACHER KEY

Health officials have said that **information** and **education** are the only weapons against AIDS, a life-threatening disease.

Don't put yourself at risk for AIDS or AFRAIDS (**A**cute **F**ear **R**egarding **AIDS**) which is based on lack of **knowledge** and **understanding**.

You need to **identify** and **reduce** risk behaviors.

What behaviors put you at risk for AIDS?

Behavior	Definitely a Risk	Probably a Risk	Probably Not a Risk	Definitely Not a Risk	Explain
1. Abstinence (NO Sex! NO Drugs!)				✓	• *most effective way to prevent AIDS*
2. Sharing needles in intravenous drug abuse	✓				• transmission method for approximately 25% of all AIDS cases in the U.S.
3. sexual contact **Teacher Note:** a mutually monogamous relationship, such as in marriage, is *definitely not a risk* if neither partner is infected	✓				• transmission method for approximately 70% of all AIDS cases in the U.S. • anal (penis-rectum) intercourse is the most efficient method of sexual transmission of the AIDS virus • vaginal intercourse (penis-vagina) is definitely a risk behavior • oral (mouth-penis, mouth-vagina) intercourse is probably a risk behavior • oral-anal contact is probably a risk behavior • **sexual contact with a condom decreases the risk, but not 100% effective due to possible breakage and incorrect use**
4. social kissing (dry)				✓	• no evidence of AIDS virus transmission by casual contact with people
5. open-mouthed, intimate, deep kissing (wet)		✓			• no evidence of AIDS virus transmission by saliva but you should reserve this behavior for a safe partner
6. blood transfusion after March 1985				✓	• some people became infected with the AIDS virus prior to March 1985 before we knew how to screen blood for safe transfusions • but now blood supplies are as safe as possible • but because someone might give blood before his or her AIDS virus test becomes positive, there is a **very small** chance (1 in 100,000) of AIDS virus infected blood
7. donating blood				✓	• there is no risk at all from donating blood • all equipment is sterilized, used only once and then destroyed

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TEACHER KEY

What are the Risks for AIDS?

What behaviors put you at risk for AIDS?

Behavior	Definitely a Risk	Probably a Risk	Probably Not a Risk	Definitely Not a Risk	Explain
8. contact with doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses				✓	• no evidence of AIDS virus transmission by casual contact with objects
9. shaking hands, hugging, touching				✓	• no evidence of AIDS virus transmission by casual contact with people
10. crying, coughing, sneezing				✓	• no evidence of AIDS virus transmission through the air or with tears
11. infected mother to newborn	✓				• 30-50% of babies born to AIDS infected mothers will be infected with the AIDS virus and most will eventually develop the disease and die
12. mosquito bites				✓	• no evidence of AIDS virus transmission by insect bites
13. dogs, cats, domestic animals				✓	• pets are not sources of AIDS virus infections for humans
14. swimming pools, hot tubs				✓	• no evidence of AIDS virus transmission
15. sharing a toothbrush or razor or other implements that could be contaminated with blood		✓			• blood to blood is a method of transmission
16. earpiercing or tatooing		✓			• blood to blood is a method of transmission
17. going to school with a person with AIDS				✓	• AIDS is difficult to catch, casual contact does not transmit the AIDS virus • no one has contracted AIDS in a school (or at work or home) from casual contact

AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the virus through **risky sexual contact** and/or **intravenous drug abuse**. Casual social contact **does not** transmit the disease.

Know the **risks** for AIDS and act **responsibly.**

AIDS education is a matter of **life** and **death.**

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What are the Risks for AIDS?

Name _____
Date _____

The Health officials have said that _____ and _____ are the only weapons against AIDS, a life-threatening disease.

Don't put yourself at risk for AIDS or AFRAIDS (**A**cute **F**ear **R**egarding **AIDS**) which is based on lack of _____ and _____ .

You need to _____ and _____ risk behaviors.

What behaviors put you at risk for AIDS?

Behavior	Definitely a Risk	Probably a Risk	Probably Not a Risk	Definitely Not a Risk	Explain
1. Abstinence (NO Sex! NO Drugs!)					
2. Sharing needles in intravenous drug abuse					
3. sexual contact					
4. social kissing (dry)					
5. open-mouthed, intimate, deep kissing (wet)					
6. blood transfusion after March 1985					
7. donating blood					

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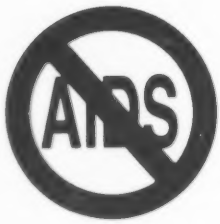
Name _____
Date _____

What are the Risks for AIDS?



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9. shaking hands, hugging, touching					
10. crying, coughing, sneezing					
11. infected mother to newborn					
12. mosquito bites					
13. dogs, cats, domestic animals					
14. swimming pools, hot tubs					
15. sharing a toothbrush or razor or other implements that could be contaminated with blood					
16. earpiercing or tatooing					
17. going to school with a person with AIDS					

AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the virus through _____ and/or _____ . Casual social contact _____ transmit the disease.

Know the _____ for AIDS and act _____ .

AIDS education is a matter of _____ and _____ .

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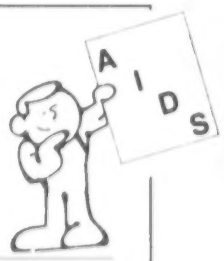
Being An AIDS Educator

You have just learned about AIDS in school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite TV programs, he asks you what you were studying in school that was interesting. You say, "AIDS," and the following conversation takes place.



YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
1. What is AIDS?	• AIDS (Acquired Immune Deficiency Syndrome) is a serious disorder of the natural immune system where the AIDS virus, called HIV (human immunodeficiency virus) or HTLV-III or LAV, attacks the immune system, and damages its ability to fight serious and often fatal "opportunistic diseases" which use the opportunity of lowered resistance to infect and destroy). • AIDS is the final stage of a series of health problems caused by the AIDS virus. • AIDS is a major public health issue where myths and rumors have created an epidemic of fear.
2. Why did you study AIDS?	• To learn about AIDS, how it is transmitted, the relative risks of infection and how to prevent it. • To alert people that AIDS is no longer only a disease of certain well-defined "risk groups" such as homosexuals and drug addicts. Today almost everyone is vulnerable including heterosexuals, blacks, whites, Hispanics, women, etc. and even children. In the future, it will probably spread just like the other sexually transmitted diseases. In other words, we are fighting a disease, not people.
3. How do you get AIDS?	• The AIDS virus is transmitted (spread) by sexual contact, intravenous drug abuse, mother to newborn and **rarely** blood transfusions. —Sexual contact means penis-vagina, penis-rectum, mouth-vagina, mouth-penis, mouth-rectum, where there is an exchange of bodily fluids (semen, blood, vaginal secretions). The delicate lining of the anus and rectum seem to be a primary site for AIDS infection. However, most sexual activity causes microabrasions (invisible tears) and even in the vagina and mouth, they may allow the virus to enter the bloodstream. —About 70% of AIDS victims in the US are male homosexuals and bisexuals. —About 25% of AIDS victims in the US are users of intravenous drugs who shared contaminated needles and syringes. —A mother with the AIDS virus can pass the AIDS virus to her newborn (30-50% chance) and also by breast feeding.

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TEACHER KEY

Being An AIDS Educator

YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
3. How do you get AIDS? ***continued***	—Blood supplies are as safe as possible now. The chance of getting AIDS from a blood transfusion and blood products after March, 1985 when we learned how to safely screen blood is very small (less than 1 out of 100,000) where someone might give blood before his or her AIDS antibody test becomes positive. —Some persons with hemophilia (a blood clotting disorder that makes them subject to bleeding) have been infected with the AIDS virus either through blood transfusion or the use of blood products that help their blood clot. Now that we know how to prepare safe blood products to aid clotting, this is unlikely to happen. This group represents a very small percentage of the cases of AIDS throughout the country. —Increasingly heterosexuals are at risk, especially partners of high risk individuals which include persons who have multiple sex partners, sexually active homosexual and bisexual men, intravenous drug abusers, and prostitutes.
How do you *not* get AIDS?	• The AIDS virus is **not** transmitted (spread) by casual social contact. —Casual social contact includes such things as shaking hands, hugging, social kissing, crying, coughing, sneezing and contact with such items as doorknobs, toilet seats, telephones, bed linen, towels, dishes, glasses, etc. —Persons living with individuals with the AIDS virus do not become infected except through sexual contact. —No cases of AIDS in the U.S. have been transmitted from one child to another in school, day care or foster care settings. Transmission would necessitate exposure of open cuts to the blood or other body fluids of the infected child, a highly unlikely occurrence. —There are no known cases of AIDS transmission by insects, such as mosquitos, by hot tubs or pools, or by tears or saliva. (Nevertheless deep, open-mouthed, intimate kissing should be reserved for safe partners). —Since AIDS is not spread by casual contact, quarantine has no role in the management of AIDS except, perhaps in special cases where infected persons willingly and knowingly try to infect other by sexual contact or sharing drug equipment. —YOU CANNOT GET THE AIDS VIRUS BY DONATING BLOOD.
4. How do you know if you have the AIDS antibodies?	• Once exposed to the AIDS antibody, the body produces antibodies which can be detected by a blood test two weeks to six months after infection.
5. Where can you get tested for the AIDS antibodies?	• For confidential AIDS antibody testing information and counseling: Clinic or Doctor: _____ Address: _____ Phone: _____

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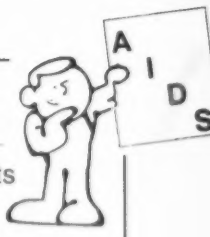
Being An AIDS Educator



YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
6. But what if you're a minor?	• While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission.
7. If I have a positive antibody blood test does it mean I have AIDS?	• No. A positive blood test does not mean you have AIDS or will ever get AIDS. • Only a qualified health professional can diagnose AIDS. • **CAUTION:** Once you have the AIDS virus in your blood, you can give the AIDS virus to others, even before the AIDS test is positive. Persons with the AIDS virus can be asymptomatic (no symptoms) carriers and infect others without apparently being sick themselves for years.
8. What should you do if you suspect you might have been exposed to the AIDS virus?	• If you have been involved in any of the high risk sexual activities or have injected illicit intravenous drugs, you should have a blood test to see if you have been infected with the virus. • The purpose of the test is to decrease the spread of the disease and protect others. —**NOTE: Voluntary testing should be done only with high quality, confidential counseling before and after the test.** • Public health clinics maintain the strictest confidentiality concerning AIDS testing. • If you decide not to have the AIDS virus blood test, and you decide to keep having sex, practice safer sex. Use a rubber (condom) during (start to finish) sexual intercourse (vagina, mouth, rectum) to reduce risks of infection, **but condoms are not 100% effective.** • Avoid exchanging body fluids (semen, blood, vaginal secretions). • Do not share toothbrushes, razors or other items that could be contaminated with blood. • Females should plan carefully before becoming pregnant. 30-50% of the babies born to AIDS infected mothers will be infected with the AIDS virus and most will eventually develop the disease and die. • Ordinary methods of disinfection for urine, stool and vomiting are adequate for people who have AIDS or are carrying the AIDS virus. (1 part household bleach to 10 parts water). • Keep healthy to increase your body's ability to fight infections. Eat regularly, exercise, get enough sleep and reduce stress levels and drug abuse, including alcohol. • Do not donate blood, semen, tissues or organs.
9. What can the AIDS virus do to you?	• The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever. • **CAUTION:** However, these asymptomatic carriers can spread the disease to others. • Some persons with the AIDS virus will develop AIDS-Related Complex (ARC) with a specific set of clinical symptoms (less severe than the AIDS disease). Signs may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection or swollen lymph nodes. **Since these are signs and symptoms of many other diseases, a physician should be consulted.**

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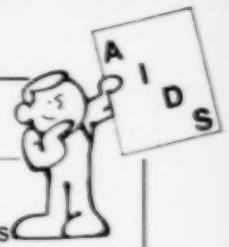
Being An AIDS Educator



YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
9. What can the AIDS virus do to you? ***continued***	• Scientists predict 30-50% of persons infected with the AIDS virus will develop AIDS within 5-7 years. This is difficult to predict because symptoms may take as long as 10 years or more to show up (or as short as a few months). • Signs and symptoms of AIDS and the "opportunistic infections" may include persistent cough and fever with shortness of breath or difficult breathing (symptoms of *pneumocystis carinii* pneumonia) or multiple purplish blotches or bumps on the skin (symptoms of Kaposi's sarcoma cancer). • Recent evidence indicates the AIDS virus may also damage the central nervous system and brain. • **Only a qualified health professional can diagnose AIDS.** • Half the people known to have AIDS have died. Since there is no cure, the others are expected to die eventually. • What we see in persons with AIDS is just the tip of the iceberg of all those infected with the AIDS virus.
10. I really don't want to get AIDS. What can I do to prevent AIDS?	• AIDS is a behaviorally transmitted disease. You choose to put yourself at risk to contract the AIDS virus, through risky sexual contact or intravenous drug abuse. • There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. • AIDS is preventable through education and responsible health behaviors. • Say NO to Sex and say NO to Drugs! *(the most effective way to prevent AIDS).* • Refrain from sexual activity until as adults you are ready to establish a mutually monogamous relationship such as in marriage. • Short of abstinence and knowing for absolute certainty that your sexual partner is not infected (that is, neither of you had other sexual partners or used illicit intravenous drugs within the last five years) condoms (rubbers) offer the best protection during (start to finish) sexual intercourse (vagina, mouth, rectum), **but remember condoms are not 100% effective.** • Avoid sexual contact with high risk individuals such as partners who have multiple sex partners, especially sexually active homosexual and bisexual men, intravenous drug abusers and prostitutes. • Avoid exchanging body fluids (semen, blood and vaginal secretions). • If your partner is a high risk individual, avoid mouth contact with penis, vagina or rectum. • Avoid sharing needles and syringes. • For persons addicted to drugs who cannot change their behavior: do not share needles and syringes. Use only a clean, previously unused needle. Enroll in a drug treatment program. • Keep healthy to increase your body's ability to fight infection. Eat regularly, exercise, get enough sleep and reduce stress levels and drugs abuse, including alcohol. • Be educated. Be prepared. Learn as much as you can about AIDS to help you separate scientific information from rumor and myth.
11. How can I get accurate, timely timely information about AIDS	• Call the AIDS Information HOTLINES. **Local AIDS HOTLINE** _____ **U.S. Public Health Service AIDS HOTLINE 1-800-342-AIDS**

Wow! You sure learned a lot about AIDS. Thanks for the information. By the way, have you ever thought about becoming an AIDS educator? See you in school tomorrow.

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Name _____
Date _____

Being An AIDS Educator

You have just learned about AIDS in school today. A friend who has been sick and out of school stops by to visit and to catch up on schoolwork. After talking about your favorite TV programs, he asks you what you were studying in school that was interesting. You say, "AIDS," and the following conversation takes place.

YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
1. What is AIDS?	
2. Why did you study AIDS?	
3. How do you get AIDS?	

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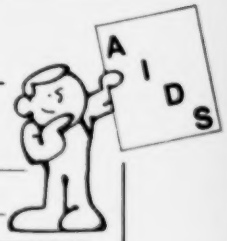
Name _____
Date _____

Being An AIDS Educator



YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
3. How do you get AIDS? *continued*	
How do you *not* get AIDS?	
4. How do you know if you have the AIDS virus?	
5. Where can you get tested for the AIDS antibodies?	For confidential AIDS antibody testing information and counseling: Clinic or Doctor: _____ Address: _____ Phone: _____

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Name _____

Date _____

AIDS Pre/Post Questionnaire

What Do You Know?

1. If you develop AIDS after being infected with the AIDS virus, your immune system becomes _____
2. Name four ways the AIDS virus is transmitted:
   - _____
   - _____
   - _____
   - _____
3. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. TRUE _____ FALSE _____
4. You cannot get AIDS by donating blood. TRUE _____ FALSE _____
5. Describe the symptoms or *signs* of the AIDS virus infection.
   - **[S]** _____
   - **[I]** _____
   - **[G]** _____
   - **[N]** _____
   - **[S]** _____
6. Do you always have symptoms with an AIDS virus infection or need them to transmit the AIDS virus to others?
   - **[N]**O ___ UNDECIDED ___ YES ___
7. Who can diagnose and care for persons with AIDS?
   - **[O]** _____
8. List five complications of AIDS:
   - **[D]** _____
   - **[E]** _____
   - **[A]** _____
   - **[T]** _____
   - **[H]** _____
9. If you suspect you have been exposed to the AIDS virus, what three actions should you take?
   - **[A]** _____
   - **[C]** _____
   - **[T]** _____
10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission.

    TRUE ___ UNDECIDED ___ NO ___
11. If you suspected you have been exposed to the AIDS virus, who would you call or where would you go for help?

    Clinic or Doctor: _____

    Address: _____

    Phone: _____
12. List ten strategies for AIDS *prevention:*
    - **[P]** _____
    - **[R]** _____
    - **[E]** _____
    - **[V]** _____
    - **[E]** _____
    - **[N]** _____
    - **[T]** _____
    - **[I]** _____
    - **[O]** _____
    - **[N]** _____

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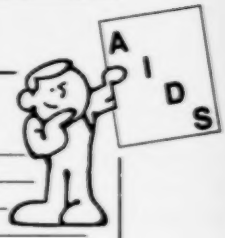
Being An AIDS Educator



YOUR FRIEND'S QUESTIONS	YOUR ANSWERS
9. What can the AIDS virus do to you? ***continued***	
10. I really don't want to get AIDS. What can I do to prevent AIDS?	
11. How can I get accurate, timely information about AIDS?	Call the AIDS Information HOTLINES. **Local AIDS HOTLINE** _____ **U.S. Public Health Service AIDS HOTLINE 1-800-**_____

Wow! You sure learned a lot about AIDS. Thanks for the information. By the way, have you ever thought about becoming an AIDS educator? See you in school tomorrow.

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AIDS Pre/Post Questionnaire

What Do You Know?

1. If you develop AIDS after being infected with the AIDS virus, your immune system becomes **damaged and cannot fight other diseases.**
2. Name four ways the AIDS virus is transmitted:
   - sex with an infected partner
   - sharing a needle with an infected person
   - infected mother to newborn
   - rarely blood transfusions from an infected person (now the blood supply is as safe as possible)
3. You cannot get the AIDS virus from casual contact such as going to school with someone with AIDS. TRUE __X__ FALSE _____
4. You cannot get AIDS by donating blood. TRUE __X__ FALSE _____
5. Describe the symptoms or *signs* of the AIDS virus infection.
   - **[S]**kin changes (purplish blotches, bumps, rashes)
   - **[I]**ncludes diarrhea, fatigue, fever, appetite loss, persistent dry cough, night sweats, weight loss
   - **[G]**lands swollen
   - **[N]**ote these symptoms can be other diseases
   - **[S]**ymptoms do not disappear and will progress
6. Do you always have symptoms with an AIDS virus infection or need them to transmit the AIDS virus to others?
   - **[N]**O __X__ UNDECIDED ____ YES ____
7. Who can diagnose and care for persons with AIDS?
   - **[O]**nly qualified health professionals can diagnose and care for persons with AIDS
8. List five complications of AIDS:
   - **[D]**eath
   - **[E]**motional (fear, shame, guilt)
   - **[A]**ffects newborns of infected mothers
   - **[T]**hreat of discrimination
   - **[H]**as no cure or vaccine
9. If you suspect you have been exposed to the AIDS virus, what three actions should you take?
   - **[A]**ttain prompt medical care and if infected, follow instructions
   - **[C]**ontact sex partner(s) to seek medical care
   - **[T]**alk with a qualified health professional about prevention
10. While it is encouraged that minors consult with their parents before visiting a clinic or doctor, the law permits minors to obtain confidential testing and counseling without parental permission.

    TRUE __X__ UNDECIDED ____ NO ____
11. If you suspected you have been exposed to the AIDS virus, who would you call or where would you go for help?

    Clinic or Doctor: _____

    Address: _____

    Phone: _____
12. List ten strategies for AIDS *prevention:*
    - **[P]**ractice abstinence (No Sex! No Drugs!)
    - **[R]**esponsible sex behavior
    - **[E]**ducation
    - **[V]**oluntary testing and counseling
    - **[E]**xercise healthy behaviors
    - **[N]**ot cheating on partner
    - **[T]**esting and counseling of partner(s)
    - **[I]**dentify, reduce risks
    - **[O]**bservation of partner, self
    - **[N]**o risky sex or drug behaviors

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Name _____

Date _____

AIDS Pre/Post Questionnaire

What Do You Know?

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   - _____
   - _____
   - _____
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6. Do you always have symptoms with an AIDS virus infection or need them to transmit the AIDS virus to others?
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11. If you suspected you have been exposed to the AIDS virus, who would you call or where would you go for help?
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    - **[R]** _____
    - **[E]** _____
    - **[V]** _____
    - **[E]** _____
    - **[N]** _____
    - **[T]** _____
    - **[I]** _____
    - **[O]** _____
    - **[N]** _____

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If Someone You Know Has AIDS...

A Message From A Doctor

If someone you know is infected with the AIDS virus, there are a few things I think you ought to know.

First, you have nothing to fear from him or her in regards to contracting the AIDS infection. The AIDS virus is very fragile and is impossible to transmit casually. This means there is no need to worry about sharing drinking fountains, lavatories, desks or locker rooms. I can assure you of this personally because I have cared for hundreds of individuals infected with the AIDS virus over a number of years, and I would not tell you to do anything that I do not do myself.

Secondly, I would like you to realize that he or she is going through a tough time and needs your help. An infected person must realistically look at the prospect of potentially dying from their infection. And if that isn't bad enough, he or she must frequently put up with being treated in mean and unfeeling ways by people who are seriously uninformed about their illness. If you had a friend with a serious illness other than AIDS, like leukemia, you would no doubt feel very sorry for him or her and try to help anyway you could. Your friend with the AIDS virus needs that same help and understanding even more.

I'm sure you will understand and help.

Dr. Leonard H. Calabrese

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AIDS Guidelines for Schools

American
Red Cross

The Public Health Service has developed recommendations to help state and local health and education departments formulate their own guidelines for the education of children with the AIDS virus.

These **updated** recommendations are designed to protect and promote the well-being of all children in school.

- Decisions about education and care for children infected with the AIDS virus should be made by a team including the child's physician, public health personnel, parents or guardian, and school workers.
- Most infected school-age children should be allowed to attend school. The benefits of an unrestricted setting outweigh the risks of their acquiring harmful infections. The risk of transmitting the virus to others is almost nonexistent.
- A more restricted environment may be advised for infected children who cannot control their bowels or bladder, for children who display such behavior as biting, and for infected children who have uncoverable, oozing sores. These children should be cared for and educated in settings that minimize the exposure of other children to their blood and body fluids.
- The hygienic practices of an infected child may improve as the child matures, or they may deteriorate if the child's condition worsens. For these reasons, the need for a restricted environment should be re-evaluated regularly.
- There is no reason to screen all children before they begin school.
- The records of children with AIDS should be kept confidential. The number of people who are aware of the child's condition should be kept to the minimum needed to assure proper care of the child.
- All educational and public health departments are strongly encouraged to inform parents, children, and educators about AIDS and its transmission.

No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma.

Editorial Note: Since **all** persons are **potentially** infected with human immunodeficiency virus, hepatitis B virus and/or other bloodborne pathogens, **universal precautions** should be taken to minimize the risk of exposure to blood and body fluids of **all** persons.

Gloves should be worn for touching blood and body fluids. Skin should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed. Disposable paper towels or other appropriate means should be used whenever possible and disposed of in sealable plastic bags. Blood and body fluids on surfaces should be cleaned with a freshly made household bleach solution (a 1:100 dilution - approximately ¼ cup of bleach per gallon of tap water). Mops should be rinsed thoroughly with a disinfectant bleach solution.

According to the Public Health Service universal precautions apply to blood, semen, and vaginal secretions. Universal precautions **do not** apply to feces, nasal secretions, sputum, sweat, tears, urine and vomiting unless they contain blood.

However, since these body fluids may transmit nonbloodborne pathogens, some schools have extended universal precautions to include all body fluids to minimize the risk of transmission from **all** infectious diseases.

The education of all staff and students is a much better method of protecting the health of those not infected than making public the names of those who are infected. Remember education, not identification, is the best prevention.

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